

HOBBS OCD

OCT 27 2017

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| | | | |
|---|--|-------------------------------------|--|
| Operator Name <i>CANO Petro.</i> | | API Number <i>30-005-10561</i> ✓ | |
| Property Name <i>CATO San Andres</i> | | Well No. <i># 87</i> ✓ | |

| Surface Location | | | | | | | | | |
|------------------|-----------|-----------|------------|-------------|----------|------------|----------|---------------|--|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet from | E/W Line | County | |
| <i>E</i> | <i>14</i> | <i>8s</i> | <i>30E</i> | <i>1980</i> | <i>N</i> | <i>660</i> | <i>W</i> | <i>Chaves</i> | |

| Well Status | | | | | | | | | |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------|--|--|
| TA'D WELL | SHUT-IN | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE | | |
| YES <input type="checkbox"/> | YES <input type="checkbox"/> | INJ <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | NO <input type="checkbox"/> | NO <input type="checkbox"/> | NO <input type="checkbox"/> | <i>9-6-17</i> | | |

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--|--------------|--|--|
| Pressure | <i>N/A</i> | <i>0</i> | <i>N/A</i> | <i>0</i> | <i>0</i> |
| Flow Characteristics | | | | | |
| Pull | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | WTR <input checked="" type="checkbox"/> |
| Surges | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Type of Fluid Injected for Waterflood if applies |
| Gas or Oil | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| Water | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Pump down

| | |
|--|---------------------------|
| Signature: <i>Robert Mckenzie</i> | OIL CONSERVATION DIVISION |
| Printed name: <i>Robert Mckenzie</i> | Entered into RBDMS |
| Title: <i>Geophys. Mckenzie @ nolservice.com</i> | Re-test |
| E-mail Address: <i>SR Field Ops mgr</i> | |
| Date: <i>9/11/17</i> | |
| Phone: <i>432-425-3150</i> | |
| Witness: <i>Stacy Robinson</i> | |
| <i>399-3220</i> | |

INSTRUCTIONS ON BACK OF THIS FORM