

HOBBS OCD

FEB 07 2018

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

BRADENHEAD TEST REPORT

RECEIVED

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Operator Name<br><i>Special Energy</i> | API Number<br><i>30-025-27621</i> |
| Property Name<br><i>WH King</i>        | Well No.<br><i>4</i>              |

7. Surface Location

|                      |                     |                        |                     |                         |                      |                         |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>m</i> | Section<br><i>6</i> | Township<br><i>23S</i> | Range<br><i>37E</i> | Feet from<br><i>990</i> | N/S Line<br><i>S</i> | Feet From<br><i>330</i> | E/W Line<br><i>W</i> | County<br><i>LJA</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                                             |                                                                                |                                                                       |                                                                                  |                       |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> | DATE<br><i>2/6/18</i> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|

OBSERVED DATA

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

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

|                             |                            |
|-----------------------------|----------------------------|
| Signature: <i>Sam Bliss</i> | OIL CONSERVATION DIVISION  |
| Printed name:               | Entered into RBDMS         |
| Title:                      | Re-test <i>[Signature]</i> |
| E-mail Address:             |                            |
| Date: <i>2/6/18</i>         |                            |
| Phone:                      |                            |
| Witness: <i>[Signature]</i> |                            |

INSTRUCTIONS ON BACK OF THIS FORM