

FEB 07 2018

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

BRADENHEAD TEST REPORT

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Operator Name<br><i>Chavkon</i>     | API Number<br><i>30-025-23031</i> |
| Property Name<br><i>Quail Queen</i> | Well No.<br><i>#8</i>             |

1. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>K</i> | Section<br><i>11</i> | Township<br><i>19s</i> | Range<br><i>34E</i> | Feet from<br><i>2080</i> | N/S Line<br><i>S</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                   |    |                                                 |    |                                                  |     |     |          |     |                       |
|---------------------------------------------------|----|-------------------------------------------------|----|--------------------------------------------------|-----|-----|----------|-----|-----------------------|
| TA'D WELL<br><input checked="" type="radio"/> YES | NO | SHUT-IN<br><input checked="" type="radio"/> YES | NO | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER | GAS | DATE<br><i>2-7-18</i> |
|---------------------------------------------------|----|-------------------------------------------------|----|--------------------------------------------------|-----|-----|----------|-----|-----------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                    |
|----------------------|--------------|--------------|--------------|--------------|------------------------------|
| Pressure             | <i>0</i>     | <i>N/A</i>   | <i>N/A</i>   | <i>0</i>     | <i>0</i>                     |
| Flow Characteristics |              |              |              |              |                              |
| Pull                 | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | CO2 <input type="checkbox"/> |
| Steady Flow          | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | WTR <input type="checkbox"/> |
| Surges               | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | GAS <input type="checkbox"/> |
| Down to nothing      | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | Type of Fluid                |
| Gas or Oil           | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | Injected for                 |
| Water                | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</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>Braxton Baki</i>    | OIL CONSERVATION DIVISION  |
| Printed name: <i>Braxton Baki</i> | Entered into RBDMS         |
| Title:                            | Re-test <i>[Signature]</i> |
| E-mail Address:                   |                            |
| Date:                             |                            |
| Phone:                            |                            |
| Witness: <i>Gary Robinson</i>     |                            |
| <i>575-399-3220</i>               |                            |

INSTRUCTIONS ON BACK OF THIS FORM