

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

HOBBS OCD

MAR 06 2018

BRADENHEAD TEST REPORT

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Operator Name<br><i>Armstrong</i>      | API Number<br><i>30-025-35962</i> |
| Property Name<br><i>MOBIL 2A STATE</i> | Well No.<br><i>8</i>              |

|                      |                     |                        |                     |                         |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>N</i> | Section<br><i>2</i> | Township<br><i>20S</i> | Range<br><i>34E</i> | Feet from<br><i>330</i> | N/S Line<br><i>S</i> | Feet From<br><i>1650</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                                  |                                                                                |                                                                                  |                                                                       |                       |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><i>3/2/18</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing     |
|----------------------|--------------|--------------|--------------|--------------|---------------|
| Pressure             | <i>φ</i>     | <i>—</i>     | <i>—</i>     | <i>φ</i>     | <i>1140</i>   |
| Flow Characteristics |              |              |              |              |               |
| Puff                 | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | CO2 <i>—</i>  |
| Steady Flow          | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | WTR <i>—</i>  |
| Surges               | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | GAS <i>—</i>  |
| 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:            | OIL CONSERVATION DIVISION |
| Printed name:         | Entered into RBDMS        |
| Title:                | Re-test                   |
| E-mail Address:       |                           |
| Date: <i>3/2/18</i>   |                           |
| Phone:                |                           |
| Witness: <i>Bauer</i> |                           |

INSTRUCTIONS ON BACK OF THIS FORM