

HOBBS OCD

APR 25 2018

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

RECEIVED

BRADENHEAD TEST REPORT

|                                                       |                                     |
|-------------------------------------------------------|-------------------------------------|
| Operator Name<br><b>McGOWAN WORKING PARTNERS INC.</b> | API Number<br><b>30025202280000</b> |
| Property Name<br><b>STATE H 35</b>                    | Well No.<br><b>009</b>              |

Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>H</b> | Section<br><b>35</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>460</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                   |    |     |                                                |     |                 |                                                  |     |                        |
|---------------------------------------------------|----|-----|------------------------------------------------|-----|-----------------|--------------------------------------------------|-----|------------------------|
| TA'D WELL<br><input checked="" type="radio"/> YES | NO | YES | SHUT-IN<br><input checked="" type="radio"/> NO | INJ | INJECTOR<br>SWD | PRODUCER<br><input checked="" type="radio"/> OIL | GAS | DATE<br><b>3/27/18</b> |
|---------------------------------------------------|----|-----|------------------------------------------------|-----|-----------------|--------------------------------------------------|-----|------------------------|

OBSERVED DATA

|                      | (A) Surface                            | (B) Interim (1)                        | (C) Interim (2) | (D) Prod. Csg. | (E) Tubing    |
|----------------------|----------------------------------------|----------------------------------------|-----------------|----------------|---------------|
| Pressure             | $\phi$                                 | $\phi$                                 |                 | $\phi$         | $\phi$        |
| Flow Characteristics |                                        |                                        |                 |                |               |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N           | Y / N          | CO2           |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N           | Y / N          | WTR           |
| Surges               | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N           | Y / N          | GAS           |
| Down to nothing      | <input checked="" type="radio"/> Y / N | <input checked="" type="radio"/> Y / N | Y / N           | Y / N          | Type of Fluid |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N           | Y / N          | Injected for  |
| Water                | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N           | Y / N          | Waterhead 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<br><i>Jack Stevenson</i>  | OIL CONSERVATION DIVISION |
| Printed name: <b>JACK STEVENSON</b> | Entered into RBDMS        |
| Title: <b>PUMPER</b>                | Re-test                   |
| E-mail Address:                     |                           |
| Date: <b>3/27/18</b>                |                           |
| Phone: <b>575-631-1083</b>          |                           |
| Witness: <i>Joan</i>                |                           |