

HOBBS OCD  
APR 25 2018  
RECEIVED

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

BRADENHEAD TEST REPORT

|                                               |                                    |
|-----------------------------------------------|------------------------------------|
| Operator Name<br><b>LTNN OPERATING</b>        | *API Number<br><b>30-025-01462</b> |
| Property Name<br><b>CAPROCK MALTAMAR UNIT</b> | Well No.<br><b>1</b>               |

| 1. Surface Location  |                      |                        |                     |  |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>B</b> | Section<br><b>18</b> | Township<br><b>17S</b> | Range<br><b>33E</b> |  | Feet from<br><b>660</b> | N/S Line<br><b>N</b> | Feet From<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |

| Well Status                                       |                                        |                                      |                                        |                                         |                              |                              |                                   |                              |                        |
|---------------------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------------|------------------------------|------------------------|
| YES <input checked="" type="checkbox"/> TA'D WELL | NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> SHUT-IN | NO <input checked="" type="checkbox"/> | INJ <input checked="" type="checkbox"/> | SWD <input type="checkbox"/> | OIL <input type="checkbox"/> | PRODUCER <input type="checkbox"/> | GAS <input type="checkbox"/> | DATE<br><b>3/28/18</b> |

OBSERVED DATA

|                             | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csmg | (E)Tubing                    |
|-----------------------------|------------|--------------|--------------|--------------|------------------------------|
| Pressure                    | <b>0</b>   | <b>—</b>     | <b>—</b>     | <b>0</b>     | <b>2200</b>                  |
| <b>Flow Characteristics</b> |            |              |              |              |                              |
| Puff                        | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | CO2 <input type="checkbox"/> |
| Steady Flow                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | WTR <input type="checkbox"/> |
| Surges                      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | GAS <input type="checkbox"/> |
| Down to nothing             | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Type of Fluid                |
| Gas or Oil                  | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Injected for                 |
| Water                       | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Water flood 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: <b>Eddie J. Jaramillo</b>              | OIL CONSERVATION DIVISION |
| Printed name: <b>Eddie J. Jaramillo</b>           | Entered into RBDMS        |
| Title: <b>PRODUCTION SPECIALIST</b>               | Re-test                   |
| E-mail Address: <b>esjaramillo@lennenergy.com</b> |                           |
| Date:                                             |                           |
| Phone: <b>(575) 370-9686</b>                      |                           |
| Witness: <b>J. Bear</b>                           |                           |

INSTRUCTIONS ON BACK OF THIS FORM