

AUG 14 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>BREITBURN OPERATING, LP</b>     |  | API Number<br><b>30-025-08604-0000</b> |
| Property Name<br><b>CONE JALMAT YATES POOL UNIT</b> |  | Well No.<br><b>103</b>                 |

7. Surface Location

|                      |                      |                         |                      |                          |                      |                          |                      |                      |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>K</b> | Section<br><b>13</b> | Township<br><b>22-S</b> | Range<br><b>35-E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>1980</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                         |                                                       |                                                         |                                                         |                        |
|---------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|------------------------|
| TA'D Well<br>YES <input checked="" type="checkbox"/> NO | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO | INJECTOR<br>INJ <input checked="" type="checkbox"/> SWD | PRODUCER<br>OIL <input checked="" type="checkbox"/> GAS | DATE<br><b>8/13/18</b> |
|---------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surf-Interm                          | (B)Interm(1)                            | (C)Interm(2) | (D)Prod Csg                             | (E)Tubing                               |
|----------------------|-----------------------------------------|-----------------------------------------|--------------|-----------------------------------------|-----------------------------------------|
| Pressure             | <b>0</b>                                | <b>0</b>                                | <b>—</b>     | <b>0</b>                                | <b>900</b>                              |
| Flow Characteristics |                                         |                                         |              |                                         |                                         |
| Puff                 | Y / <input checked="" type="checkbox"/> | Y / <input checked="" type="checkbox"/> | Y / N        | <input checked="" type="checkbox"/> / N | CO2 <input type="checkbox"/>            |
| Steady Flow          | Y / <input checked="" type="checkbox"/> | Y / <input checked="" type="checkbox"/> | Y / N        | Y / <input checked="" type="checkbox"/> | WTR <input checked="" type="checkbox"/> |
| Surges               | Y / <input checked="" type="checkbox"/> | Y / <input checked="" type="checkbox"/> | Y / N        | Y / <input checked="" type="checkbox"/> | GAS <input type="checkbox"/>            |
| Down to nothing      | <input checked="" type="checkbox"/> / N | <input checked="" type="checkbox"/> / N | Y / N        | <input checked="" type="checkbox"/> / N | If applicable type                      |
| Gas or Oil           | Y / <input checked="" type="checkbox"/> | Y / <input checked="" type="checkbox"/> | Y / N        | Y / <input checked="" type="checkbox"/> | fluid injected for                      |
| Water                | Y / <input checked="" type="checkbox"/> | Y / <input checked="" type="checkbox"/> | Y / N        | Y / <input checked="" type="checkbox"/> | Waterflood <input type="checkbox"/>     |

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:                                          | Phone: |                           |
| Witness: <b>KERRY FORTNER-OCD 575-399-3221</b> |        |                           |