

HOBBS OCD

AUG 20 2018

RECEIVED

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

BRADENHEAD TEST REPORT

| | |
|--------------------------------------|----------------------------|
| Operator Name XTO Energy, Inc | API Number 30-025-25670 |
| Property Name A L Christmas NCT C | Well No. 016 |

2. Surface Location

| | | | | | | | | |
|---------------|---------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|
| UL - Lot M | Section 18 | Township 22S | Range 37E | Feet from 810 | N/S Line South | Feet From 710 | E/W Line West | County Lea |
|---------------|---------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | | | |
|------------------|----------------|-----------------|-----------------|-----|----------------|
| TA'D WELL YES | SHUT-IN YES | INJECTOR INJ | PRODUCER OIL | GAS | DATE 8-9-18 |
|------------------|----------------|-----------------|-----------------|-----|----------------|

OBSERVED DATA

| | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Casing | (E) Tubing |
|-----------------------------|-------------|---------------|---------------|-----------------|--|
| Pressure | 0 | NA | NA | 31 | 31 |
| Flow Characteristics | | | | | |
| Puff | Y/N | Y/N | Y/N | Y/N | CO2 |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of Fluid Injected for Waterflood if applies. |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | |
| Water | Y/N | Y/N | Y/N | Y/N | |

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | |
|----------------------------------|---------------------------|
| Signature: <i>Adan Rodriguez</i> | OIL CONSERVATION DIVISION |
| Printed name: Adan Rodriguez | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: 8-9-18 | Phone: 575-390-7179 |
| Witness: | |