

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

HOE CD

AUG 23 2018

RECEIVED

BRADENHEAD TEST REPORT

|                                                    |  |                                        |
|----------------------------------------------------|--|----------------------------------------|
| Operator Name<br><b>MATADOR PRODUCTION COMPANY</b> |  | API Number<br><b>30-025-29047-0000</b> |
| Property Name<br><b>YOUNG DEEP UNIT</b>            |  | Well No.<br><b>016</b>                 |

7. Surface Location

|                      |                     |                         |                      |                          |                      |                         |                      |                      |
|----------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>E</b> | Section<br><b>9</b> | Township<br><b>18-S</b> | Range<br><b>32-E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>660</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

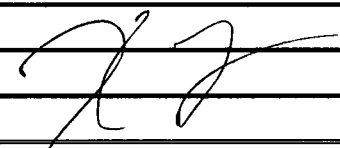
Well Status

|                                       |                                     |                                       |                                       |                        |
|---------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|------------------------|
| TA'D Well<br><b>YES</b> <del>NO</del> | SHUT-IN<br><b>YES</b> <del>NO</del> | INJECTOR<br><b>INJ</b> <del>SWD</del> | PRODUCER<br><b>OIL</b> <del>GAS</del> | DATE<br><b>8/23/18</b> |
|---------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing          |
|----------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure             | <b>0</b>       | <b>—</b>     | <b>—</b>     | <b>0</b>     | <b>330</b>         |
| Flow Characteristics |                |              |              |              |                    |
| Puff                 | <b>Y / 0</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | CO2 <b>—</b>       |
| Steady Flow          | <b>Y / 0</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | WTR <b>—</b>       |
| Surges               | <b>Y / 0</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | GAS <b>—</b>       |
| Down to nothing      | <b>0 / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>0 / N</b> | If applicable type |
| Gas or Oil           | <b>Y / 0</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | fluid injected for |
| Water                | <b>Y / 0</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | Waterflood         |

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: <b>8/23/18</b>                                                                           | Phone: |                                                                                       |  |
| Witness: <b>KERRY FORTNER-OCD 575-399-3221</b>                                                 |        |                                                                                       |  |