

AUG 20 2018

RECEIVED

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

|                                             |                            |
|---------------------------------------------|----------------------------|
| Operator Name<br>XTO Energy, Inc            | API Number<br>30-025-04425 |
| Property Name<br>Eunice Monument South Unit | Well No.<br>140            |

## 7. Surface Location

|               |               |                 |              |                  |                   |                   |                  |               |
|---------------|---------------|-----------------|--------------|------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot<br>C | Section<br>36 | Township<br>20S | Range<br>36E | Feet from<br>660 | N/S Line<br>North | Feet From<br>1980 | E/W Line<br>West | County<br>Lea |
|---------------|---------------|-----------------|--------------|------------------|-------------------|-------------------|------------------|---------------|

## Well Status

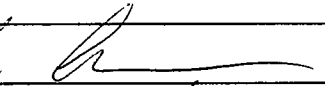
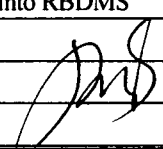
|                                                                                  |                                                                                |                                                                                  |                                                                       |                |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br><input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br>7-2-18 |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------|

## OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Casing | (E) Tubing                                                |
|----------------------|-------------|---------------|---------------|-----------------|-----------------------------------------------------------|
| Pressure             | 0           | 0             | N/A           | 0               | 750                                                       |
| Flow Characteristics |             |               |               |                 |                                                           |
| Puff                 | Y/N         | Y/N           | Y/N           | Y/N             | CO2 <input type="checkbox"/>                              |
| Steady Flow          | Y/N         | Y/N           | Y/N           | Y/N             | WTR <input checked="" type="checkbox"/>                   |
| Surges               | Y/N         | Y/N           | Y/N           | Y/N             | GAS <input type="checkbox"/>                              |
| Down to nothing      | Y/N         | Y/N           | Y/N           | Y/N             | Type of Fluid<br>Injected for<br>Waterflood if<br>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.

little fluid on Prod. Casing -

|                                                                                                |                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Signature:  | OIL CONSERVATION DIVISION                                                                     |
| Printed name: Luis Caballe                                                                     | Entered into RBDMS                                                                            |
| Title:                                                                                         | Re-test  |
| E-mail Address:                                                                                |                                                                                               |
| Date:                                                                                          |                                                                                               |
| Phone: 575-621-0306                                                                            |                                                                                               |
| Witness:                                                                                       |                                                                                               |