

AUG 20 2018

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

RECEIVED

BRADENHEAD TEST REPORT

|                                             |                            |
|---------------------------------------------|----------------------------|
| Operator Name<br>XTO Energy, Inc            | API Number<br>30-025-04467 |
| Property Name<br>Eunice Monument South Unit | Well No.<br>229            |

7. Surface Location

|               |              |                 |              |                   |                   |                   |                  |               |
|---------------|--------------|-----------------|--------------|-------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot<br>N | Section<br>4 | Township<br>21S | Range<br>36E | Feet from<br>3300 | N/S Line<br>South | 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 checked="" type="checkbox"/> | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br><input checked="" type="checkbox"/> INJ SWD | PRODUCER<br>OIL GAS | DATE<br>7-12-18 |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|-----------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing                                                |
|----------------------|-------------|---------------|---------------|--------------|-----------------------------------------------------------|
| Pressure             | 0           | 0             | 0             | 0            | 470                                                       |
| 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.

|                                |                           |
|--------------------------------|---------------------------|
| Signature:                     | OIL CONSERVATION DIVISION |
| Printed name: Luis Caballo XTO | Entered into RBDMS        |
| Title:                         | Re-test                   |
| E-mail Address:                |                           |
| Date: 7-12-18                  |                           |
| Phone: 575-631-0306            |                           |
| Witness:                       |                           |