

HOBBS OCD

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 XTO Energy, Inc | | API Number 30-025-29909 29909 |
| Property Name Eunice Monument South Unit | | Well No. 287 |

1. Surface Location

| | | | | | | | | | |
|----------------|--------------|-----------------|--------------|--|------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot B3 | Section 7 | Township 21S | Range 36E | | Feet from 675 | N/S Line North | Feet From 2160 | E/W Line East | County Lea |
|----------------|--------------|-----------------|--------------|--|------------------|-------------------|-------------------|------------------|---------------|

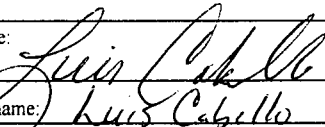
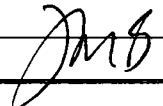
Well Status

| | | | | |
|--|--|--|---|-----------------|
| TA'D WELL YES <input checked="" type="radio"/> NO <input type="radio"/> | SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD | PRODUCER OIL <input type="radio"/> GAS | DATE 7-13-18 |
|--|--|--|---|-----------------|

OBSERVED DATA

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

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 Cabello | | Entered into RBDMS |
| Title: | | Re-test |
| E-mail Address: | |  |
| Date: 7-13-18 | Phone: 575-631-0306 | |
| Witness: | | |