

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

HOBBS OCD

AUG 22 2018

RECEIVED

BRADENHEAD TEST REPORT

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Operator Name<br><i>Seely Oil</i>   | API Number<br><i>30-025-34880</i> |
| Property Name<br><i>PK 122 ROSE</i> | Well No.<br><i>901</i>            |

2. Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>L</i> | Section<br><i>20</i> | Township<br><i>18S</i> | Range<br><i>34E</i> | Feet from<br><i>1650</i> | N/S Line<br><i>S</i> | Feet From<br><i>330</i> | E/W Line<br><i>W</i> | County<br><i>LCA</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

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"/> | INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><i>8/1/18</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <i>0</i>   | <i>—</i>     | <i>—</i>     | <i>0</i>    | <i>150</i>                              |
| Flow Characteristics |            |              |              |             |                                         |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid                           |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Injected for                            |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Waterflood if                           |
|                      |            |              |              |             | applies                                 |

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

|                                |                           |
|--------------------------------|---------------------------|
| Signature: <i>Mike Frasier</i> | OIL CONSERVATION DIVISION |
| Printed name:                  | Entered into RBDMS        |
| Title:                         | Re-test                   |
| E-mail Address:                |                           |
| Date: <i>8/1/18</i>            |                           |
| Phone:                         |                           |
| Witness: <i>J. Rowe</i>        |                           |

INSTRUCTIONS ON BACK OF THIS FORM