

**HOBBS OGD**  
**SEP 21 2018**

**RECEIVED**

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

**BRADENHEAD TEST REPORT**

|                                         |  |                                   |  |
|-----------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Armstrong</i>       |  | API Number<br><i>30-025-35188</i> |  |
| Property Name<br><i>Trinity Runners</i> |  | Well No.<br><i>2H</i>             |  |

**Surface Location**

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>R</i> | Section<br><i>22</i> | Township<br><i>12S</i> | Range<br><i>38E</i> | Feet from<br><i>990</i> | N/S Line<br><i>S</i> | Feet From<br><i>600</i> | E/W Line<br><i>E</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

**Well Status**

|                                                                                  |                                                                                |                                                                                  |                                                                       |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><i>8/30/18</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|

**OBSERVED DATA**

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod C'sng | (E)Tubing                    |
|----------------------|------------|--------------|--------------|---------------|------------------------------|
| Pressure             | <i>0</i>   | <i>400</i>   | <i>—</i>     | <i>0</i>      | <i>0</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 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.

*Int. Down to zero*

|                                             |                           |
|---------------------------------------------|---------------------------|
| Signature:<br><i>Kyle Alpers</i>            | OIL CONSERVATION DIVISION |
| Printed name:<br><i>Kyle Alpers</i>         | Entered into RBDMS        |
| Title:<br><i>VP Operations</i>              | Re-test                   |
| E-mail Address:<br><i>KAlpers@oconm.com</i> | <i>[Signature]</i>        |
| Date:<br><i>8/30/18</i>                     |                           |
| Phone:<br><i>575 625 2222</i>               |                           |
| Witness:<br><i>[Signature]</i>              |                           |

INSTRUCTIONS ON BACK OF THIS FORM