

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

HOBBS OCD

JAN 18 2019

BRADENHEAD TEST REPORT

RECEIVED

|                                                  |                                   |
|--------------------------------------------------|-----------------------------------|
| Operator Name<br><b>SANARA OPERATING COMPANY</b> | API Number<br><b>30-025-08208</b> |
| Property Name<br><b>COTTON DRAW</b>              | Well No.<br><b>#30</b>            |

Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>F</b> | Section<br><b>21</b> | Township<br><b>25S</b> | Range<br><b>32E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>1980</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                        |                       |                  |                        |                        |                    |               |
|------------------------|-----------------------|------------------|------------------------|------------------------|--------------------|---------------|
| TA'D WELL<br><b>NO</b> | SHUT-IN<br><b>YES</b> | NO<br><b>INJ</b> | INJECTOR<br><b>SWD</b> | OIL<br><b>PRODUCER</b> | GAS<br><b>DATE</b> | <b>1-4-19</b> |
|------------------------|-----------------------|------------------|------------------------|------------------------|--------------------|---------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing                                       |
|----------------------|-------------|---------------|---------------|--------------|--------------------------------------------------|
| Pressure             | <b>0</b>    | <b>N/A</b>    | <b>N/A</b>    | <b>0</b>     | <b>0</b>                                         |
| Flow Characteristics |             |               |               |              |                                                  |
| Pull                 | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | CO2 <b>—</b>                                     |
| Steady Flow          | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | WTR <b>✓</b>                                     |
| Surges               | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | GAS <b>—</b>                                     |
| Down to nothing      | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | Type of fluid injected for waterflood if applies |
| Gas or Oil           | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   |                                                  |
| Water                | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   |                                                  |

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

**POST WORKOVER**

|                                           |                            |
|-------------------------------------------|----------------------------|
| Signature: <b>[Signature]</b>             | OIL CONSERVATION DIVISION  |
| Printed name: <b>Robert M. Alpine</b>     | Entered into RBDMS         |
| Title: <b>President</b>                   | Re-test <b>[Signature]</b> |
| E-mail Address: <b>Rob@SANARAOPER.COM</b> |                            |
| Date: <b>1-16-2019</b>                    |                            |
| Phone:                                    |                            |
| Witness: <b>[Signature]</b>               |                            |

INSTRUCTIONS ON BACK OF THIS FORM

