

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

| | | |
|-------------------------------------|---------------|--------------------|
| EVERQUEST ENERGY CORPORATION | Operator Name | 30-025-23937-00-00 |
| STATE L 736 | | Well No. 001 |

² Surface Location

| | | | | | | | | | |
|----------------------|----------------------|-------------------------|----------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot D | Section 32 | Township 16-S | Range 36-E | | Feet from 554 | N/S Line N | Feet From 554 | E/W Line W | County LEA |
|----------------------|----------------------|-------------------------|----------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | |
|----------------------------|--------------------------|----------------------------|----------------------------|-----------------------|
| TA'D Well YES <u>NO</u> | SHUT-IN YES <u>NO</u> | INJECTOR INJ <u>SWD</u> | PRODUCER OIL <u>GAS</u> | DATE 7/5/19 |
|----------------------------|--------------------------|----------------------------|----------------------------|-----------------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|----------------|--------------|--------------|-------------|--------------------|
| Pressure | 0 | — | — | 0 | -20 |
| Flow Characteristics | | | | | LAC |
| Puff | Y/N | Y/N | Y/N | Y/N | CO2 _____ |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR _____ |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS _____ |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | If applicable type |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | fluid injected for |
| Water | Y/N | Y/N | Y/N | Y/N | Waterflood |

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: | | Entered into RBDMS |
| Title: | | Re-test |
| E-mail Address: | | KJ |
| Date: 7/5/19 | Phone: | |
| Witness: KERRY FORTNER 575-399-2991 | | |