

**HOBBS OCD**

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

JUL 22 2019

**BRADENHEAD TEST REPORT**

**RECEIVED**

|                                               |                |
|-----------------------------------------------|----------------|
| Operator Name<br>Armstrong Energy Corporation | 30-025-35817   |
| Property Name<br>Trinity Burrus Abo Unit      | Well No.<br>4H |

**1. Surface Location**

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| L        | 22      | 12S      | 38E   | 2310      | SOUTH    | 1210      | EAST     | LEA    |

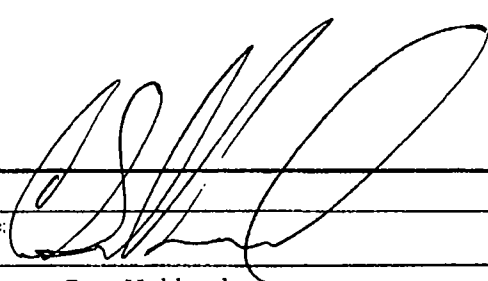
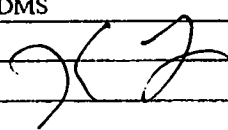
**Well Status**

| TA'D WELL | SHUT-IN | INJECTOR | PRODUCER | DATE    |
|-----------|---------|----------|----------|---------|
| YES       | YES     | INJ X    | OIL      | 7/19/19 |
| NOK       | NOX     | SWD      | GAS      |         |

**OBSERVED DATA**

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing      |
|----------------------|------------|--------------|--------------|----------------|----------------|
| Pressure             | 0          | 0            | N/A          | 0              | 750            |
| Flow Characteristics |            |              |              |                |                |
| Puff                 | X / N      | Y / X        | Y / N        | X / N          | CO2            |
| Steady Flow          | Y / X      | Y / X        | Y / N        | Y / X          | WTR X          |
| Surges               | Y / X      | Y / X        | Y / N        | Y / X          | GAS            |
| Down to nothing      | X / N      | X / N        | Y / N        | X / N          | Type of Fluid  |
| Gas or Oil           | Y / X      | Y / X        | Y / N        | Y / X          | Injected for   |
| Water                | Y / X      | Y / X        | Y / N        | Y / X          | Water Guard 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:  | OIL CONSERVATION DIVISION                                                                     |
| Printed name: Cory Hubbard                                                                     | Entered into RBDMS                                                                            |
| Title: Foreman                                                                                 | Re-test  |
| E-mail Address: chubbard@aecnrm.com                                                            |                                                                                               |
| Date: 7/22/19                                                                                  |                                                                                               |
| Phone: 575-626-7142                                                                            |                                                                                               |
| Witness:                                                                                       |                                                                                               |

INSTRUCTIONS ON BACK OF THIS FORM