

HOBBS OCD  
AUG 19 2019  
RECEIVED

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

BRADENHEAD TEST REPORT

|                                                         |                                   |
|---------------------------------------------------------|-----------------------------------|
| Operator Name<br><b>Apache Oil Corp.</b>                | API Number<br><b>30-025-06588</b> |
| Property Name<br><b>North East Drinkard Unit (NEDU)</b> | Well No.<br><b>610</b>            |

1. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>G</b> | Section<br><b>15</b> | Township<br><b>21S</b> | Range<br><b>37E</b> | Feet from<br><b>2210</b> | N/S Line<br><b>N</b> | Feet from<br><b>2310</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                  |                                     |                |                                     |                                      |                 |                 |     |                       |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | INJECTOR<br>SWD | OIL<br>PRODUCER | GAS | DATE<br><b>7-8-19</b> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|

OBSERVED DATA

|                      | (A)Surface                                                 | (B)Interm(1)                                    | (C)Interm(2)                                    | (D)Prod Csing                                              | (E)Tubing                               |
|----------------------|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|-----------------------------------------|
| Pressure             | <b>Ø</b>                                                   | <b>—</b>                                        | <b>—</b>                                        | <b>Ø</b>                                                   | <b>1050</b>                             |
| Flow Characteristics |                                                            |                                                 |                                                 |                                                            |                                         |
| Puff                 | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | CO2 <input type="checkbox"/>            |
| Steady Flow          | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/> |
| Surges               | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | GAS <input type="checkbox"/>            |
| Down to nothing      | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | Type of Fluid                           |
| Gas or Oil           | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | Injected for                            |
| Water                | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | Water level 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: <b>Tracy Cole</b>    | OIL CONSERVATION DIVISION |
| Printed name: <b>Tracy Cole</b> | Entered into RBDMS        |
| Title:                          | Re-test <b>27</b>         |
| E-mail Address:                 |                           |
| Date: <b>7-8-19</b>             | Witness:                  |
| Phone: <b>575-441-5196</b>      |                           |

INSTRUCTIONS ON BACK OF THIS FORM