

District I  
1025 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6151 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

|                                                        |                                   |
|--------------------------------------------------------|-----------------------------------|
| Operator Name<br><b>Cimarex Energy CO. of Colorado</b> | API Number<br><b>30-025-33184</b> |
| Property Name<br><b>Eureka 36 State Com</b>            | Well No.<br><b>#001</b>           |

1. Surface Location

|                      |                      |                         |                      |                          |                        |                          |                        |                      |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|
| UL - Lot<br><b>F</b> | Section<br><b>36</b> | Township<br><b>T16S</b> | Range<br><b>R34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>FNL</b> | Feet from<br><b>1650</b> | E/W Line<br><b>FWL</b> | County<br><b>Lea</b> |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|

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 | INJ | INJECTOR<br>SWD | OIL | PRODUCER<br><input checked="" type="checkbox"/> GAS | DATE<br><b>8-24-19</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----|-----------------|-----|-----------------------------------------------------|------------------------|

OBSERVED DATA

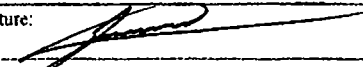
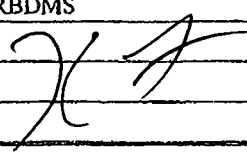
|                      | (A) Surface                                                      | (B) Interm(1)                                                    | (C) Interm(2)                                         | (D) Prod Casing                                                  | (E) Tubing                                                                      |
|----------------------|------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Pressure             | <b>15 psi</b>                                                    | <b>0 psi</b>                                                     | <b>N/A</b>                                            | <b>25 psi</b>                                                    | <b>0 psi</b>                                                                    |
| Flow Characteristics |                                                                  |                                                                  |                                                       |                                                                  |                                                                                 |
| Puff                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | CO2<br>WTR<br>GAS<br>Type of Fluid<br>Subjected for<br>Waterflood if<br>applies |
| Steady Flow          | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                 |
| Surges               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                 |
| Down to nothing      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                                                                 |
| Gas or Oil           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                 |
| Water                | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                                                                 |

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

**HOBBS OCD**

**AUG 26 2019**

**RECEIVED**

|                                                                                                |                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Signature:  | OIL CONSERVATION DIVISION                                                                     |
| Printed name: <b>Bonnie Hayes</b>                                                              | Entered into RDBMS                                                                            |
| Title: <b>Production Foreman</b>                                                               | Re-test  |
| E-mail Address: <b>bhayes@cimarex.com</b>                                                      |                                                                                               |
| Date: <b>8/24/19</b>                                                                           | Phone: <b>575-390-0757</b>                                                                    |
| Witness:                                                                                       |                                                                                               |

INSTRUCTIONS ON BACK OF THIS FORM