

HOBBS OCD

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

SEP 23 2019

BRADENHEAD TEST REPORT

RECEIVED

| | | | |
|---|--|---|--|
| Operator Name ARMSTRONG ENERGY CORP | | API Number 30-025-34036-00-00 | |
| Property Name HOOVER 27 | | Well No. 001 | |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot L | Section 27 | Township 17S | Range 35E | Feet from 2145 | N/S Line S | Feet From 429 | E/W Line W | County LEA |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | |
|--|--|---|--|------------------------|
| TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR INJ <input type="radio"/> SWD <input type="radio"/> | PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS | DATE 9-23-19 |
|--|--|---|--|------------------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|--|--|--------------|-------------|--------------------|
| Pressure | 0 | 0 | N/A | 35 | 100 |
| Flow Characteristics | | | | | |
| Puff | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | Y / N | Y / N | CO2 _____ |
| Steady Flow | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | Y / N | Y / N | WTR _____ |
| Surges | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | Y / N | Y / N | GAS _____ |
| Down to nothing | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | Y / N | Y / N | If applicable type |
| Gas or Oil | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | Y / N | Y / N | fluid injected for |
| Water | Y <input checked="" type="radio"/> N <input type="radio"/> | Y <input checked="" type="radio"/> N <input type="radio"/> | 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: | | | |
| Date: | Phone: | | |
| Witness: <i>Stan Johnson</i> | | | |