

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

HOBBS OCD

NOV 20 2019

BRADENHEAD TEST REPORT

|                                             |  |                         |
|---------------------------------------------|--|-------------------------|
| Operator Name<br>COLGATE OPERATING, LLC     |  | RECEIVED<br>30 OCT 2019 |
| Property Name<br>EAST SHUGART DELAWARE UNIT |  |                         |
| Well No.<br>024                             |  |                         |

2. Surface Location

| UL - Lot | Section | Township | Range |  | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|--|-----------|----------|-----------|----------|--------|
| E        | 19      | 18-S     | 32-E  |  | 2125      | N        | 1100      | W        | LEA    |

Well Status

| TA'D Well                                  | SHUT-IN                                    | INJECTOR                                | PRODUCER | DATE     |
|--------------------------------------------|--------------------------------------------|-----------------------------------------|----------|----------|
| YES <input checked="" type="checkbox"/> NO | YES <input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> SWD | OIL GAS  | 11/20/19 |

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing          |
|----------------------|----------------|--------------|--------------|-------------|--------------------|
| Pressure             | 0              | NA           | NA           | 0           | 1000               |
| Flow Characteristics |                |              |              |             |                    |
| 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: <i>Sammy Lion</i>            |        | OIL CONSERVATION DIVISION |
| Printed name:                           |        | Entered into RBDMS        |
| Title:                                  |        | Re-test                   |
| E-mail Address:                         |        | <i>[Signature]</i>        |
| Date: 11/20/19                          | Phone: |                           |
| Witness: KERRY FORTNER-OCD 575-399-3221 |        |                           |