

District 1  
1635 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-4161 Fax: (575) 393-0720

HOBBS OCD

DEC 13 2019

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

RECEIVED

BRADENHEAD TEST REPORT

|                                           |  |                                    |  |
|-------------------------------------------|--|------------------------------------|--|
| Operator Name<br><b>BASIC ENERGY SERV</b> |  | API Number<br><b>#30-025-27682</b> |  |
| Property Name<br><b>LEA FED #2 SWD</b>    |  | Well No<br><b>#2</b>               |  |

1 Surface Location

|                      |                      |                        |                     |                            |          |                            |                           |                      |
|----------------------|----------------------|------------------------|---------------------|----------------------------|----------|----------------------------|---------------------------|----------------------|
| UL - Lot<br><b>A</b> | Section<br><b>17</b> | Township<br><b>23S</b> | Range<br><b>37E</b> | Feet from<br><b>850FNL</b> | N/S Line | Feet From<br><b>950FEL</b> | E/W Line<br><b>950FEL</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 | INJ | INJECTOR<br><input checked="" type="radio"/> SWT | OIL | PRODUCER<br>GAS | DATE<br><b>12-10-19</b> |
|------------------|-------------------------------------|----------------|-------------------------------------|-----|--------------------------------------------------|-----|-----------------|-------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Cons | (E)Tubing     |
|----------------------|------------|--------------|--------------|--------------|---------------|
| Pressure             | <b>0</b>   | <b>NA</b>    |              |              |               |
| Flow Characteristics |            |              |              |              |               |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | CO2           |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | WTR           |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | GAS           |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Type of Fluid |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Exposed to    |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>   | Water/Oil 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<br><b>Blaine Paul</b>  |                           | OIL CONSERVATION DIVISION |  |
| Printed name. <b>BLAINE PAUL</b> |                           | Entered into RBDMS        |  |
| Title                            |                           | Re-test                   |  |
| E-mail Address:                  |                           |                           |  |
| Date: <b>12-10-19</b>            | Phone <b>575 513 1066</b> |                           |  |
| Witness:                         |                           |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM