

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

BRADENHEAD TEST REPORT

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| Operator Name<br><b>Penroco Oil Corp</b> | API Number<br><b>30-025-07287</b> |
| Property Name<br><b>Knowles SWD</b>      | Well No.<br><b>2</b>              |

| Surface Location     |                      |                        |                     |  |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>P</b> | Section<br><b>34</b> | Township<br><b>16S</b> | Range<br><b>38E</b> |  | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet from<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |

| Well Status      |                                     |                |                                     |                 |                                      | DATE                |                  |
|------------------|-------------------------------------|----------------|-------------------------------------|-----------------|--------------------------------------|---------------------|------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | INJECTOR<br>INJ | <input checked="" type="radio"/> SWD | OIL PRODUCER<br>GAS | <b>5-18-2020</b> |

OBSERVED DATA

|                      | (A) Surface | (B) Interm (1) | (C) Interm (2) | (D) Prod Casing | (E) Tubing                                                   |
|----------------------|-------------|----------------|----------------|-----------------|--------------------------------------------------------------|
| Pressure             | 0           |                |                | 0               | 500                                                          |
| Flow Characteristics |             |                |                |                 |                                                              |
| Puff                 | Y/N         | Y/N            | Y/N            | Y/N             | CO2 <input type="checkbox"/>                                 |
| Steady Flow          | Y/N         | Y/N            | Y/N            | Y/N             | WTR <input checked="" type="checkbox"/>                      |
| Surges               | Y/N         | Y/N            | Y/N            | Y/N             | GAS <input type="checkbox"/>                                 |
| Down to nothing      | Y/N         | Y/N            | Y/N            | Y/N             | Type of Fluid<br>Injected for<br>Waterflood if<br>applicable |
| Gas or Oil           | Y/N         | Y/N            | Y/N            | Y/N             |                                                              |
| Water                | Y/N         | Y/N            | Y/N            | Y/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

JUN 02 2020

RECEIVED

|                                                |                           |
|------------------------------------------------|---------------------------|
| Signature: <b>M.Y. Merchant</b>                | OIL CONSERVATION DIVISION |
| Printed name: <b>M.Y. Merchant</b>             | Entered into RBDMS        |
| Title: <b>President</b>                        | Re-test                   |
| E-mail Address: <b>mymerch @ Penrocoil.com</b> |                           |
| Date: <b>5-29-2020</b>                         |                           |
| Phone: <b>575-492-1236</b>                     |                           |
| Witness:                                       |                           |

INSTRUCTIONS ON BACK OF THIS FORM