

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

BRADENHEAD TEST REPORT

|                                                        |                                   |
|--------------------------------------------------------|-----------------------------------|
| Operator Name<br><b>Cross Timbers Energy, LLC</b>      | API Number<br><b>30-025-26512</b> |
| Property Name<br><b>South East McJannet GA/SA Unit</b> | Well No.<br><b>105</b>            |

7. Surface Location

|                      |                      |                        |                     |                          |                        |                          |                        |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|
| UL - Lot<br><b>J</b> | Section<br><b>30</b> | Township<br><b>17S</b> | Range<br><b>33E</b> | Feet from<br><b>2490</b> | N/S Line<br><b>FSL</b> | Feet From<br><b>1595</b> | E/W Line<br><b>FEL</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                                                            |                                                                            |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input checked="" type="radio"/> SWD <input type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br><b>3-12-20</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|----------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <b>-0-</b>     | <b>n/a</b>   | <b>n/a</b>   | <b>-0-</b>  | <b>-0-</b>                              |
| Flow Characteristics |                |              |              |             |                                         |
| Puff                 | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | If applicable type                      |
| Gas or Oil           | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | fluid injected for                      |
| Water                | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Waterflood                              |

If bradenhead flowed water, check all of the descriptions that apply:

|       |       |       |        |       |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

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

POST WORKOVER  
START - 580#  
END - 575#  
CAL DATE - 11/7/19  
SER# 11218  
Grandy #4 1000# 32min

HOED  
JUN 03 2020  
RECEIVED

|                                    |                           |
|------------------------------------|---------------------------|
| Signature:                         | OIL CONSERVATION DIVISION |
| Printed name: <b>KEVIN BENNETT</b> | Entered into RBDMS        |
| Title:                             | Re-test                   |
| E-mail Address:                    |                           |
| Date: <b>3/12/20</b>               | Phone:                    |
| Witness:                           |                           |

