

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

BRADENHEAD TEST REPORT

| | |
|---|-------------------------------------|
| Operator Name XTO Energy, Inc | * API Number 30-025-04914 |
| Property Name Arrowhead Grayburg Unit | Well No. 121 |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|--------------------------|-------------------------|-------------------------|----------------------|
| UL - Lot A | Section 35 | Township 21S | Range 36E | Feet from 660 | N/S Line North | Feet From 660 | E/W Line East | County Lea |
|----------------------|----------------------|------------------------|---------------------|-------------------------|--------------------------|-------------------------|-------------------------|----------------------|

Well Status

| | | | | | | | | |
|-------------------------|-----------|-----------------------|-----------|-------------------|------------------------|------------------------|-------------------|------|
| TA'D WELL YES | NO | SHUT-IN YES | NO | INJ INJ | INJECTOR SWD | PRODUCER OIL | GAS GAS | DATE |
|-------------------------|-----------|-----------------------|-----------|-------------------|------------------------|------------------------|-------------------|------|

OBSERVED DATA

| | (A) Surface | (B) Intern(1) | (C) Intern(2) | (D) Prod Csg | (E) Tubing |
|-----------------------------|-------------|---------------|---------------|--------------|--|
| Pressure | | | | | |
| 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 | Type of fluid injected for Waterflood if applies. |
| 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.

[Handwritten Signature]

| | |
|-----------------|----------------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: | Phone: |
| | Witness: |