

Division
1015 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Property Name <i>Grizzly Operating LLC</i>		API Number <i>30-025-36024</i>
County <i>Cole State</i>		Well No. <i># 015</i>

* Surface Location

UL - Lot <i>C</i>	Section <i>16</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from	N/S Line	Feet From	E/W Line	County <i>Lea</i>
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN <i>YES</i>	NO	INJ	INJECTOR SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>5/30/20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cms	(E)Tubing
Pressure	<i>0</i>			<i>40</i>	<i>200</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 WTR GAS Type of Fluid Exposed for Waterhead if applicable
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION
Printed name: <i>Cecil Pearson</i>		Entered into RBDMS
Title: <i>Production Supervisor</i>		Re-test
E-mail Address: <i>Cpearson@grizzlyenergyllc.com</i>		
Date: <i>5-30-20</i>	Phone: <i>575-825-2450</i>	
Witness: <i>N/D</i>		

INSTRUCTIONS ON BACK OF THIS FORM