

HOBBS OGD

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

AUG 18 2020

RECEIVED

BRADENHEAD TEST REPORT

|                                                         |  |                                   |  |
|---------------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><b>Apache Oil Corp.</b>                |  | API Number<br><b>30-025-06520</b> |  |
| Property Name<br><b>North East Drinkard Unit (NEDU)</b> |  | Well No.<br><b>304</b>            |  |

1. Surface Location

|                      |                     |                        |                     |                         |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>N</b> | Section<br><b>3</b> | Township<br><b>21S</b> | Range<br><b>37E</b> | Feet from<br><b>915</b> | N/S Line<br><b>S</b> | Feet From<br><b>2208</b> | E/W Line<br><b>W</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 | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER | GAS | DATE<br><b>3-13-20</b> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------------------|-----|-----|----------|-----|------------------------|

OBSERVED DATA

|                      | (A)Surface                                                   | (B)Interm(1)                                      | (C)Interm(2)                                      | (D)Prod Casing                                               | (E)Tubing                               |
|----------------------|--------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| Pressure             | <b>Ø</b>                                                     | <b>—</b>                                          | <b>—</b>                                          | <b>Ø</b>                                                     | <b>1200</b>                             |
| Flow Characteristics |                                                              |                                                   |                                                   |                                                              |                                         |
| Puff                 | <input checked="" type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input checked="" type="radio"/> Y / <input type="radio"/> N | CO2 <input type="checkbox"/>            |
| Steady Flow          | <input type="radio"/> Y / <input checked="" type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/> |
| Surges               | <input type="radio"/> Y / <input checked="" type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input checked="" type="radio"/> N | GAS <input type="checkbox"/>            |
| Down to nothing      | <input checked="" type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input checked="" type="radio"/> Y / <input type="radio"/> N | Type of Fluid                           |
| Gas or Oil           | <input type="radio"/> Y / <input checked="" type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input checked="" type="radio"/> N | Injected for                            |
| Water                | <input type="radio"/> Y / <input checked="" type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input type="radio"/> N | <input type="radio"/> Y / <input checked="" type="radio"/> N | Water level 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: <b>Tracy Cole</b>    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Tracy Cole</b> |                            | Entered into RBDMS        |  |
| Title:                          |                            | Re-test                   |  |
| E-mail Address:                 |                            |                           |  |
| Date:                           | Phone: <b>575-441-5196</b> |                           |  |
|                                 | Witness:                   |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM