

MAR 07 2016

RECEIVED

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

BRADENHEAD TEST REPORT

| | |
|--|------------------------------|
| Operator Name Chevron, U.S.A. Inc ✓ | API Number 30 025-31870 ✓ |
| Property Name Vacuum Glorieta West Unit ✓ | Well No. 50 ✓ |

2. Surface Location

| | | | | | | | | |
|---------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|-----------------|
| UL - Lot A | Section 35 | Township 17S | Range 34E | Feet from 328 | N/S Line N | Feet From 1214 | E/W Line E | County Lea ✓ |
|---------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|-----------------|


Well Status

| | | | | |
|------------------|----------------|----------------|-----------------|------------------------|
| TA'D WELL YES | SHUT-IN YES | INJECTOR NO | PRODUCER OIL | GAS DATE 2-16-16 |
|------------------|----------------|----------------|-----------------|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|--------------------------------------|--------------|--------------|--------------------------------------|--|
| Pressure | 0 | N/A | N/A | 0 | 1380 |
| Flow Characteristics | | | | | |
| Puff | Y / <input checked="" type="radio"/> | Y / N | Y / N | <input checked="" type="radio"/> / N | CO2 — WTR <input checked="" type="checkbox"/> GAS — |
| Steady Flow | Y / <input checked="" type="radio"/> | Y / N | Y / N | Y / <input checked="" type="radio"/> | Type of Fluid Injected for Waterflood if applies. |
| Surges | Y / <input checked="" type="radio"/> | Y / N | Y / N | Y / <input checked="" type="radio"/> | |
| Down to nothing | <input checked="" type="radio"/> / N | Y / N | Y / N | <input checked="" type="radio"/> / N | |
| Gas or Oil | Y / <input checked="" type="radio"/> | Y / N | Y / N | Y / <input checked="" type="radio"/> | |
| Water | Y / <input checked="" type="radio"/> | Y / N | Y / N | Y / <input checked="" type="radio"/> | |

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

| | |
|--|------------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: Tanner DeHaan | Entered into RBDMS KH 3-8-16 |
| Title: FSA | Re-test |
| E-mail Address: TZYR@Chevron.com | |
| Date: 2-16-16 | Phone: 575-390-4449 |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM

MAR 08 2016

