

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

Operator Name	API Number
ConocoPhillips Company	3002526399

Well Name	Well No
East Vacuum GB-SA Unit 3229	006W
BEE: Gonzalez	

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
L	32	17S	35E	2630	S	1088	W	LEA

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	SWD <input type="radio"/> OIL <input checked="" type="radio"/>	GAS <input type="radio"/>	2-28-20

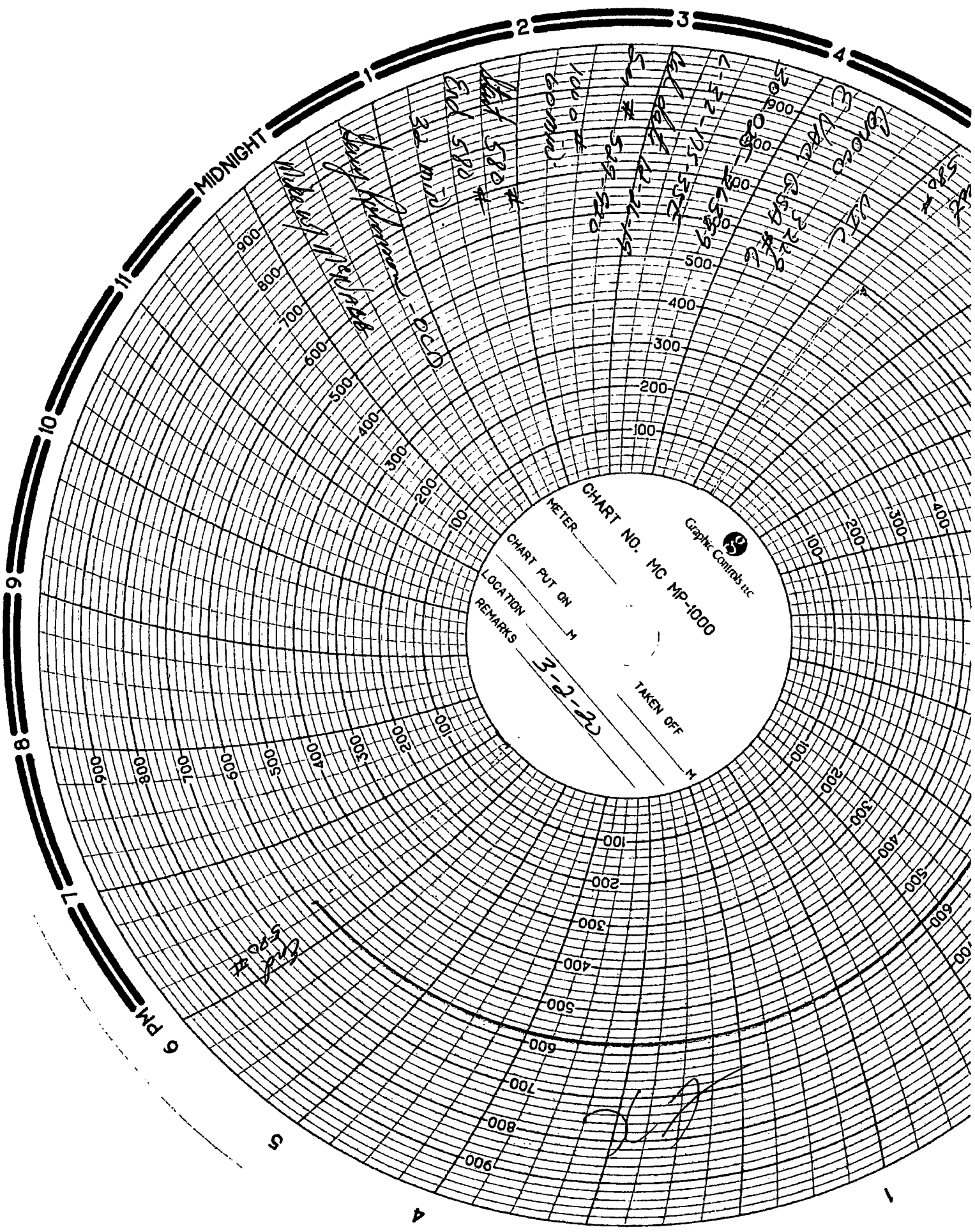
OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	/	/	0	1067
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	WTR ___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS ___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Down to Nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

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

VIC
MT

Signature:	OIL CONSERVATION DIVISION	
Print name:	Entered in RBDMS	<i>[Signature]</i>
Title:	Re-test	
E-mail Address:		
Date:	Phone:	
	Witness: <i>[Signature]</i>	



MIDNIGHT

6 PM

Graphic Controls, Inc.
 CHART NO. MC MP-1000

METER _____
 CHART PUT ON _____ M
 LOCATION _____
 REMARKS _____
 3-2-20
 TAKEN OFF _____ M

1000 ft
 (6000 ft)
 500 ft
 300 ft
 200 ft
 100 ft
 50 ft
 25 ft

Very faint handwritten notes

Handwritten signature