

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

Operator Name <b>ConocoPhillips Company</b>	API Number <b>3002503019</b>
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Well Name <b>East Vacuum GB-SA Unit 3456</b>	Well No <b>004W</b>
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**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
F	34	17S	35E	1980	N	1980	W	LEA

**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> IN	INJECTOR SWD <input type="radio"/> OIL <input type="radio"/> GAS	DATE <b>3/31/2020</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	N/A	N/A	N/A	0	1769
Flow Characteristics					CO2 <input checked="" type="checkbox"/>
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	Y / <input checked="" type="radio"/> 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.

*Surface + Interm. Cemented to Surface.*

Signature: <i>AG</i>	<b>OIL CONSERVATION DIVISION</b>
Print name: <i>Adrian Gonzalez</i>	Entered in RBDMS
Title: <i>MSO</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Delon. Gonzalez @ ConocoPhillips.com</i>	
Date: <i>3/31/2020</i>	Phone: <i>575-704-2332</i>
Witness:	

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	3002526390

Well Name	Well No
East Vacuum GB-SA Unit 3456	006W
<input type="checkbox"/> BEE <input type="checkbox"/> Gonzalez	

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
D	34	17S	35E	166	N	1155	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"/>	3/31/2020

OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Csg	(E) Tubing
Pressure	Ø	N/A	N/A	0	160
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR X
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.

none, Has 2 Surface Valves

Signature: <i>AG</i>	OIL CONSERVATION DIVISION
Print name: Adrian Gonzalez	Entered in RBDMS
Title: MSO	Re-test <i>[Signature]</i>
E-mail Address: Delon.Gonzalez@ConocoPhillips.com	
Date: 3/31/2020	Phone: 575-704-2332
Witness:	