

**HOBBS OCD**  
**APR 19 2018**  
**RECEIVED**

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	3002526521
Well Name	Well No
East Vacuum GB-SA Unit 3440	005
BEE	

**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
L	34	17S	35E	1600	S	900	W	LEA

**Well Status**

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR INJ	SWD	PRODUCER GAS	<input checked="" type="radio"/> OIL	DATE 3-27-18
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	/	/	200	225
Flow Characteristics					CO2___
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	WTR___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	GAS___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Down to Nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	

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

Signature: <i>Kerry Mackey</i>	OIL CONSERVATION DIVISION
Print name: <i>Kerry Mackey</i>	Entered in RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>3-28-18</i>	Phone: <i>575-631-8198</i>
	Witness: