

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

BRADENHEAD TEST REPORT

| | | | |
|------------------------------------|--|---------------------------|--|
| Operator Name Chevron USA, Inc. | | API Number 32025-12314 | |
| Property Name W D D U | | Well No. 069 | |

Surface Location

| | | | | | | | | |
|---------------|---------------|------------------|---------------|------------------|---------------|-------------------|---------------|---------------|
| UL - Lot N | Section 32 | Township 24-S | Range 38-E | Feet from 660 | N/S Line S | Feet From 1830 | E/W Line W | County Lea |
|---------------|---------------|------------------|---------------|------------------|---------------|-------------------|---------------|---------------|

Well Status

| | | | | | |
|------------------|----------------|----------------|------------|-----------------|----------------|
| TA'D WELL YES | SHUT-IN YES | INJECTOR NO | SWD OIL | PRODUCER GAS | DATE 6-3-19 |
|------------------|----------------|----------------|------------|-----------------|----------------|

OBSERVED DATA

| | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csmg | (E) Tubing |
|----------------------|---|---------------|---------------|---|--|
| Pressure | 0 | — | — | 0 | 1250 |
| Flow Characteristics | | | | | |
| Puff | Y / <input checked="" type="checkbox"/> N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | CO2 |
| Steady Flow | Y / <input checked="" type="checkbox"/> N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | WTR |
| Surges | Y / <input checked="" type="checkbox"/> N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | GAS |
| Down to nothing | <input checked="" type="checkbox"/> / N | Y / N | Y / N | <input checked="" type="checkbox"/> / N | Type of fluid injected for Waterflood if applies |
| Gas or Oil | Y / <input checked="" type="checkbox"/> N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |
| Water | Y / <input checked="" type="checkbox"/> N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |

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

(ART) chemical services

ser# 81568

cal 3/2/19

START 390# ~~END~~ END 380#

| | | | |
|---|--------|---------------------------|--|
| Signature: <i>Jones</i> | | OIL CONSERVATION DIVISION | |
| Printed name: <i>Jessie Jones</i> | | Entered into RBDMS | |
| Title: <i>Permitting Specialist</i> | | Re-test | |
| E-mail Address: <i>jj21@chevron.com</i> | | | |
| Date: <i>6-3-19</i> | Phone: | | |
| Witness: <i>Kerry Furtner - OCD</i> | | | |

399-3221

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.