

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	3002503060

Well Name	Well No
East Vacuum GB-SA Unit 0524	045
BEE North	

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
F	5	18S	35E	1650	N	1650	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"/>	INJ <input type="radio"/> SWD <input checked="" type="radio"/>	GAS <input type="radio"/> OIL <input checked="" type="radio"/>	3-2-20

OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Csg	(E) Tubing
Pressure	Ø	N/A	N/A	80	108
Flow Characteristics					CO2 _____
Puff	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 / 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>B. Hunter North</i>	OIL CONSERVATION DIVISION
Print name: <i>B. Hunter North</i>	Entered in RBDMS
Title: <i>MSO</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Hunter.North@contractor.conocophillips.com</i>	
Date: <i>3-2-20</i>	Phone: <i>575-704-6032</i>
Witness:	