

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	3002508523

Well Name	Well No
Vacuum Abo Unit 06	070
<input type="checkbox"/> BEE	<input type="checkbox"/> Boroughs

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
G	26	17S	35E	2080	N	1980	E	LEA

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	GAS <input type="checkbox"/> OIL <input checked="" type="checkbox"/>	3-31-20

OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	⊖	⊖	NA	40	41
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	WTR ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	GAS ___
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	
Down to Nothing	<input checked="" type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	Y / N	Y / N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> 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>Bradley Boroughs</i>	OIL CONSERVATION DIVISION
Print name: <i>Bradley Boroughs</i>	Entered in RBDMS <i>[Signature]</i>
Title: <i>M.S.O.</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Bradley.B.Boroughs@conocophillips.com</i>	
Date: <i>3-31-20</i>	Phone: <i>575-631-5833</i>
Witness:	