

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	3002502836

Well Name	Well No
East Vacuum GB-SA Unit 2054	002
<input type="checkbox"/> BEE <input type="checkbox"/> Cesar	

**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
L	20	17S	35E	1650	S	660	W	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"/>	3-10-20

**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure				25	25
Flow Characteristics					CO2 ___
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Y / N	Y / N	WTR ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	GAS ___
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	
Down to Nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Y / N	Y / N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	
Water	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> 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.

Small puff with water down to nothing

Signature: <i>Cesar Singh</i>	OIL CONSERVATION DIVISION
Print name: Cesar Singh	Entered in RBDMS
Title: MSD	Re-test 
E-mail Address: Cesar.Singh@contractor.conocoPhillips.com	
Date: 3-10-20	Phone: 575-689-4053
Witness:	