

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

SAT  
2

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

## BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><b>Chevron USA INC</b>     | API Number<br><b>30-028-08453</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No.<br><b>21</b>             |

## Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>I</b> | Section<br><b>25</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

## Well Status

|                                                      |                                                    |                                                      |                                                      |                           |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|---------------------------|
| TA'D Well<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ <input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><b>10 June 21</b> |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|---------------------------|

## OBSERVED DATA

|                      | (A)Surf-Interm                         | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing          |
|----------------------|----------------------------------------|--------------|--------------|-------------|--------------------|
| Pressure             | <b>0</b>                               | <b>N/A</b>   | <b>N/A</b>   | <b>170</b>  | <b>210</b>         |
| Flow Characteristics |                                        |              |              |             |                    |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | CO2 _____          |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | WTR _____          |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | GAS _____          |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N        | Y / N        | Y / N       | If applicable type |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | fluid injected for |
| Water                | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | Waterflood         |

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

|                                            |                           |
|--------------------------------------------|---------------------------|
| Signature: <i>Van Riper</i>                | OIL CONSERVATION DIVISION |
| Printed name: <b>VAN RIPER TYRONE HQAN</b> | Entered into RBDMS        |
| Title: <b>FSA</b>                          | Re-test                   |
| E-mail Address: <b>HQAN@chevron.com</b>    | <b>X 7</b>                |
| Date: <b>10 June 21</b>                    |                           |
| Phone:                                     |                           |
| Witness:                                   |                           |

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## BRADENHEAD TEST REPORT

|                                             |                                     |
|---------------------------------------------|-------------------------------------|
| Operator Name<br><b>Chevron USA INC</b>     | * API Number<br><b>30-025-02113</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No.<br><b>22</b>               |

## 7. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>J</b> | Section<br><b>25</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                            |                   |                     |                            |                          |
|----------------------------|-------------------|---------------------|----------------------------|--------------------------|
| TA'D Well<br><b>YES</b> NO | SHUT-IN<br>YES NO | INJECTOR<br>INJ SWD | PRODUCER<br><b>OIL</b> GAS | DATE<br><b>10 Jun 21</b> |
|----------------------------|-------------------|---------------------|----------------------------|--------------------------|

## OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing          |
|----------------------|----------------|--------------|--------------|-------------|--------------------|
| Pressure             | <b>0</b>       | <b>N/A</b>   | <b>N/A</b>   | <b>0</b>    | <b>90</b>          |
| Flow Characteristics |                |              |              |             |                    |
| Puff                 | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 _____          |
| Steady Flow          | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR _____          |
| Surges               | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS _____          |
| Down to nothing      | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | If applicable type |
| Gas or Oil           | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | fluid injected for |
| Water                | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Waterflood         |

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

|                                                   |                           |
|---------------------------------------------------|---------------------------|
| Signature: <b>VAN RIVER TYRONE</b>                | OIL CONSERVATION DIVISION |
| Printed name: <b>VAN RIVER TYRONE</b> <b>HQAN</b> | Entered into RBDMS        |
| Title: <b>FSA</b>                                 | Re-test                   |
| E-mail Address: <b>HQAN@chevron.com</b>           |                           |
| Date: <b>10 Jun 21</b>                            | Phone:                    |
|                                                   | Witness:                  |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS  
  
Action 36897

CONDITIONS

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>CHEVRON U S A INC<br>6301 Deauville Blvd<br>Midland, TX 79706 | OGRID:<br>4323                                             |
|                                                                            | Action Number:<br>36897                                    |
|                                                                            | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 12/2/2021      |