

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

MAR 07 2016

RECEIVED

BRADENHEAD TEST REPORT

| | |
|---|------------------------------|
| Operator Name Chevron, U.S.A., Inc ✓ | API Number 30-025-29966 ✓ |
| Property Name Central Vacuum Unit ✓ | Well No. 156 ✓ |

² Surface Location

| | | | | | | | | |
|---------------|---------------|-----------------|--------------|-------------------|---------------|-------------------|---------------|-----------------|
| UL - Lot K | Section 25 | Township 17S | Range 34E | Feet from 2340 | N/S Line S | Feet From 1330 | E/W Line W | County Lea ✓ |
|---------------|---------------|-----------------|--------------|-------------------|---------------|-------------------|---------------|-----------------|

Well Status

| | | | | | | |
|--|--|---|-----|-----------------|-----|-----------------|
| TA'D WELL YES <input checked="" type="checkbox"/> | SHUT-IN YES <input checked="" type="checkbox"/> | INJECTOR <input checked="" type="checkbox"/> | SWD | PRODUCER OIL | GAS | DATE 2-15-16 |
|--|--|---|-----|-----------------|-----|-----------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|---|--------------|--------------|---|---|
| Pressure | 0 | N/A | N/A | 0 | 480 |
| Flow Characteristics | | | | | |
| Puff | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | <input checked="" type="checkbox"/> / N | CO2 ___ |
| Steady Flow | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | WTR <input checked="" type="checkbox"/> |
| Surges | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | GAS ___ |
| Down to nothing | <input checked="" type="checkbox"/> / N | Y / N | Y / N | <input checked="" type="checkbox"/> / N | Type of Fluid |
| Gas or Oil | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | Injected for |
| Water | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | Waterflood if applies |

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

| | |
|----------------------------------|------------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: Tanner DeHaan | Entered into RBDMS KH 3-8-16 |
| Title: FSA | Re-test |
| E-mail Address: TZYR@Chevron.com | |
| Date: 2-15-16 | Phone: 575-390-4449 |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM

MAR 08 2016