

District 1  
1625 N. French Dr., Hobbs, NM 88249  
Phone (505) 983-6161 Fax (505) 983-6729

HOBBS OCD

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

APR 24 2019

RECEIVED

BRADENHEAD TEST REPORT

|                                           |                            |
|-------------------------------------------|----------------------------|
| Operator Name<br>Chevron Midcontinent, LP | API Number<br>30-025-08534 |
| Property Name<br>Central Vacuum Unit      | Well No<br>48              |

2- Surface Location

|                |               |                 |              |                  |               |                   |               |               |
|----------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|---------------|
| U/L - Lot<br>B | Section<br>31 | Township<br>17S | Range<br>3SE | Feet from<br>660 | N/S Line<br>S | Feet from<br>1980 | E/W Line<br>W | County<br>LEA |
|----------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|---------------|

Well Status

|                                                                            |                                                                          |                                                                 |                                                                            |                   |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| TA'D Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input type="radio"/> SWD <input type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br>3-28-2019 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|

OBSERVED DATA

|                      | (A)Surf-Interm                       | (B)Interm(1)              | (C)Interm(2)              | (D)Prod C-sug             | (E)Tubing                |
|----------------------|--------------------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Pressure             | 0                                    | 60                        |                           | 120                       | 400                      |
| Flow Characteristics |                                      |                           |                           |                           |                          |
| Puff                 | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | CO2 _____                |
| Steady Flow          | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | WTR _____                |
| Surges               | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | GAS _____                |
| Down to nothing      | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | If applicable type _____ |
| Gas or Oil           | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | fluid injected for _____ |
| Water                | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | 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>Chris Ferg</i> | OIL CONSERVATION DIVISION    |
| Printed name:                | Entered into RBDMS           |
| Title:                       | Re-test <i>[Signature]</i>   |
| E-mail Address:              |                              |
| Date:                        | Witness <i>Harry Polanco</i> |