

District I  
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Phone (505) 391-6161 Fax (505) 393-9120

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>30-025-32808 |
| Property Name<br>Central Vacuum Unit      | Well No<br>206             |

Surface Location

|               |              |                 |              |                   |               |                    |               |               |
|---------------|--------------|-----------------|--------------|-------------------|---------------|--------------------|---------------|---------------|
| U. - Lot<br>F | Section<br>6 | Township<br>18S | Range<br>35E | Feet from<br>2509 | N/S Line<br>N | Feet From<br>53644 | E/W Line<br>W | County<br>Lea |
|---------------|--------------|-----------------|--------------|-------------------|---------------|--------------------|---------------|---------------|

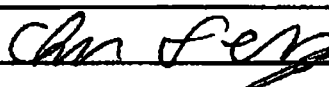
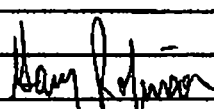
Well Status

|                                                      |                                                    |                                                                           |                                                      |                 |
|------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|-----------------|
| TA'D Well<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> IN <input type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br>3/19/19 |
|------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|-----------------|

OBSERVED DATA

|                      | (A) Surf-Interm                  | (B) Interm(1)                    | (C) Interm(2)                    | (D) Prod Casing                  | (E) Tubing         |
|----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------|
| Pressure             | 0                                | 0                                | N/A                              | 0                                | 1810               |
| Flow Characteristics |                                  |                                  |                                  |                                  |                    |
| Puff                 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | CO2 _____          |
| Steady Flow          | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | WTR _____          |
| Surges               | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | GAS _____          |
| Down to nothing      | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | If applicable type |
| Gas or Oil           | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | fluid injected for |
| Water                | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" 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:  | OIL CONSERVATION DIVISION                                                                                |
| Printed name                                                                                   | Entered into RBDMS  |
| Title:                                                                                         | Re-test                                                                                                  |
| E-mail Address                                                                                 |                                                                                                          |
| Date:                                                                                          | Phone                                                                                                    |
| Witness:    |                                                                                                          |