

## District I

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

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

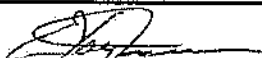
## BRADENHEAD TEST REPORT

|                                                                                  |                     |                                                                                |                     |                                                     |                          |                                                                       |                         |                        |                      |
|----------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------|------------------------|----------------------|
| Operator Name<br><b>Channon</b>                                                  |                     |                                                                                |                     |                                                     |                          | API Number<br><b>30-025-36683</b>                                     |                         |                        |                      |
| Property Name<br><b>Channon Vacuum Grayburg Jan Anders Unit</b>                  |                     |                                                                                |                     |                                                     |                          | Well No.<br><b>132</b>                                                |                         |                        |                      |
| Surface Location                                                                 |                     |                                                                                |                     |                                                     |                          |                                                                       |                         |                        |                      |
| UL - Lot<br><b>1</b>                                                             | Section<br><b>2</b> | Township<br><b>18S</b>                                                         | Range<br><b>34E</b> |                                                     | Feet from<br><b>2630</b> | N/S Line<br><b>5</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 type="checkbox"/> NO <input checked="" type="checkbox"/> |                     | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                     | INJECTOR<br><input checked="" type="checkbox"/> SWD |                          | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> |                         | DATE<br><b>6-29-21</b> |                      |

## OBSERVED DATA

|                      | (A)Surf-Interm                           | (B)Interm(1)                             | (C)Interm(2)                             | (D)Prod Casing                           | (E)Tubing          |
|----------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|--------------------|
| Pressure             | <b>0</b>                                 |                                          |                                          | <b>0</b>                                 | <b>1800</b>        |
| Flow Characteristics |                                          |                                          |                                          |                                          |                    |
| Puff                 | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | CO2 _____          |
| Steady Flow          | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | WTR _____          |
| Surges               | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | GAS _____          |
| Down to nothing      | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | If applicable type |
| Gas or Oil           | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | fluid injected for |
| Water                | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> N | Y/ <input checked="" type="checkbox"/> 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:  |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Elay Carrasone</b>                                                            |                            | Entered into RBDMS        |  |
| Title: <b>FSA</b>                                                                              |                            | Re-test                   |  |
| E-mail Address: <b>ECarrasone@Channon.com</b>                                                  |                            | <b>X 7</b>                |  |
| Date: <b>6-29-21</b>                                                                           | Phone: <b>575-300-6265</b> |                           |  |
| 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 41716

CONDITIONS

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>CHEVRON U S A INC<br>6301 Deauville Blvd<br>Midland, TX 79706 | OGRID:<br>4323                                             |
|                                                                            | Action Number:<br>41716                                    |
|                                                                            | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 5/13/2022      |