

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

APR 09 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| Operator Name<br><i>Chevron USA Inc</i> | API Number<br><i>30-025-31858</i> |
| Property Name<br><i>Vacuum Gloriosa</i> | Well No.<br><i>104</i>            |

Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>m</i> | Section<br><i>36</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>361</i> | N/S Line<br><i>S</i> | Feet From<br><i>300</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                   |                                                 |                                              |                                                  |                           |                       |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------------|---------------------------|-----------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> | GAS <input type="radio"/> | DATE<br><i>4/9/15</i> |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------------|---------------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <i>φ</i>   | <i>N/A</i>   | <i>N/A</i>   | <i>φ</i>    | <i>1250</i>                             |
| Flow Characteristics |            |              |              |             |                                         |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid                           |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Injected fr                             |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Waterflood if                           |

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

*BS 4/10/2015*

|                                |                           |
|--------------------------------|---------------------------|
| Signature: <i>T. Chevon</i>    | OIL CONSERVATION DIVISION |
| Printed name: <i>T. Chevon</i> | Entered into RBDMS        |
| Title:                         | Re-test                   |
| E-mail Address:                |                           |
| Date:                          |                           |
| Phone:                         |                           |
| Witness: <i>[Signature]</i>    |                           |

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015