

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

JUL 10 2015

RECEIVED

BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><i>Chevron USA Inc</i>     | API Number<br><i>30-025-25816</i> |
| Property Name<br><i>Central Vacuum Unit</i> | Well No.<br><i>28</i>             |

Surface Location

|                       |                      |                        |                     |                          |                      |                         |                      |                      |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| U/L - Lot<br><i>P</i> | Section<br><i>25</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>1230</i> | N/S Line<br><i>S</i> | Feet From<br><i>159</i> | E/W Line<br><i>E</i> | County<br><i>LEA</i> |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                  |                                     |                |                                     |                                      |     |     |                 |                        |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----|-----|-----------------|------------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER<br>GAS | DATE<br><i>5/14/15</i> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----|-----|-----------------|------------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing      |
|----------------------|--------------|--------------|--------------|----------------|----------------|
| Pressure             | <i>0</i>     | <i>0</i>     | <i>2 1/2</i> | <i>0</i>       | <i>1900</i>    |
| Flow Characteristics |              |              |              |                |                |
| Pull                 | <i>Y / 0</i> | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i>   | CO2 <i>X</i>   |
| Steady Flow          | <i>Y / 0</i> | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i>   | WTR <i>X</i>   |
| Surges               | <i>Y / 0</i> | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i>   | GAS <i>—</i>   |
| Down to nothing      | <i>0 / N</i> | <i>0 / N</i> | <i>Y / N</i> | <i>Y / N</i>   | Type of fluid  |
| Gas or Oil           | <i>Y / 0</i> | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i>   | Injected for   |
| Water                | <i>Y / 0</i> | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i>   | Water flood if |
|                      |              |              |              |                | applies        |

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

*CSG - gas - Blow down to zero (0) @ 30 sec.*

*BS 7/14/2015*

|                                              |                           |
|----------------------------------------------|---------------------------|
| Signature: <i>[Signature]</i> <i>Chevron</i> | OIL CONSERVATION DIVISION |
| Printed name: <i>Turner DeHaven</i>          | Entered into RBDMS        |
| Title: <i>FSA</i>                            | Re-test                   |
| E-mail Address: <i>Turner@chevron.com</i>    |                           |
| Date: <i>5/14/15</i>                         |                           |
| Phone: <i>[Signature]</i>                    |                           |
| Witness: <i>[Signature]</i>                  |                           |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 16 2015