

JUN 30 2015

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><b>CHEVRON</b>             | API Number<br><b>30-025-20249</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No.<br><b>338</b>            |

## Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>N</b> | Section<br><b>25</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>990</b> | N/S Line<br><b>S</b> | Feet from<br><b>1650</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                   |                                                 |                                                                            |                                                                            |                        |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> | INJECTOR<br>INJ <input type="radio"/> SWD <input checked="" type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br><b>3-25-15</b> |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

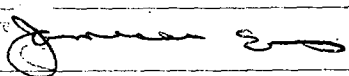
## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg                          | (E)Tubing                               |
|----------------------|------------|--------------|--------------|--------------------------------------|-----------------------------------------|
| Pressure             | <b>0</b>   |              |              | <b>175</b>                           | <b>350</b>                              |
| Flow Characteristics |            |              |              |                                      |                                         |
| Pull                 | Y / N      | Y / N        | Y / N        | Y / N                                | CO2 <input checked="" type="checkbox"/> |
| Steady Flow          | Y / N      | Y / N        | Y / N        | <input checked="" type="radio"/> / N | WTR <input checked="" type="checkbox"/> |
| Surges               | Y / N      | Y / N        | Y / N        | Y / N                                | GAS <input type="checkbox"/>            |
| Down to nothing      | Y / N      | Y / N        | Y / N        | <input checked="" type="radio"/> / N | Type of Fluid                           |
| Gas or Oil           | Y / N      | Y / N        | Y / N        | <input checked="" type="radio"/> / N | Injected for                            |
| Water                | Y / N      | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | Waterflood if applies                   |

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

(D) PROD CSEG- HAD GAS- SLOW DOWN TO ZERO  
STAYED ZERO 24 HRS LATER

BS 7/2/2015

|                                                                                                  |                            |
|--------------------------------------------------------------------------------------------------|----------------------------|
| Signature<br> | OIL CONSERVATION DIVISION  |
| Printed name: <b>JAMESON EVANS</b>                                                               | Entered into RBDMS         |
| Title: <b>FIELD SPECIALIST A</b>                                                                 | Re-test                    |
| E-mail Address: <b>LKKM @ CHEVRON. COM</b>                                                       |                            |
| Date: <b>3-25-15</b>                                                                             | Phone: <b>575 704 2467</b> |
| Witness:                                                                                         |                            |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 16 2015