

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>30-025-33722</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No.<br><b>175</b>            |

## Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>L</b> | Section<br><b>31</b> | Township<br><b>17S</b> | Range<br><b>3SE</b> | Feet from<br><b>1617</b> | N/S Line<br><b>S</b> | Feet From<br><b>1107</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                              |                            |                                   |                 |                        |
|------------------------------|----------------------------|-----------------------------------|-----------------|------------------------|
| TA'D WELL<br>YES <b>(NO)</b> | SHUT-IN<br>YES <b>(NO)</b> | INJ. INJECTOR<br>SWD <b>(OIL)</b> | PRODUCER<br>GAS | DATE<br><b>3-25-15</b> |
|------------------------------|----------------------------|-----------------------------------|-----------------|------------------------|

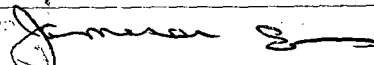
## OBSERVED DATA

|                      | (A)Surface     | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg    | (E)Tubing                               |
|----------------------|----------------|--------------|--------------|----------------|-----------------------------------------|
| Pressure             | <b>10</b>      |              |              | <b>110</b>     | <b>950</b>                              |
| Flow Characteristics |                |              |              |                |                                         |
| Pull                 | <b>(Y) / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | CO2 <input checked="" type="checkbox"/> |
| Steady Flow          | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>(Y) / N</b> | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>(Y) / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>(Y) / N</b> | Type of Fluid                           |
| Gas or Oil           | <b>(Y) / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>(Y) / N</b> | Injected for                            |
| Water                | <b>Y / (N)</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / (N)</b> | Waterhead if applies                    |

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

(A) SURFACE > HAD GAS - BLOW DOWN TO ZERO  
(D) PROD CSNG > STAYED ZERO 24 HRS LATER

BB 7/2/2015

|                                                                                                |                            |
|------------------------------------------------------------------------------------------------|----------------------------|
| Signature:  | 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 21 2015

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