

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

JUN 30 2015

BRADENHEAD TEST REPORT

RECEIVED 31880

|                                         |                                    |
|-----------------------------------------|------------------------------------|
| Operator Name<br><i>Chevron</i>         | *API Number<br><i>30-025-31880</i> |
| Property Name<br><i>Vacuum Blonista</i> | Well No.<br><i>105</i>             |

2. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>N</i> | Section<br><i>36</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>45.3</i> | N/S Line<br><i>S</i> | Feet From<br><i>1340</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                   |                                                 |                                      |          |     |     |          |     |                       |
|---------------------------------------------------|-------------------------------------------------|--------------------------------------|----------|-----|-----|----------|-----|-----------------------|
| YES TA'D WELL <input checked="" type="radio"/> NO | YES SHUT-IN <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE<br><i>4/9/15</i> |
|---------------------------------------------------|-------------------------------------------------|--------------------------------------|----------|-----|-----|----------|-----|-----------------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interm (1) | (C) Interm (2) | (D) Prod Casing | (E) Tubing                              |
|----------------------|-------------|----------------|----------------|-----------------|-----------------------------------------|
| Pressure             | <i>0</i>    | <i>N/A</i>     | <i>N/A</i>     | <i>0</i>        | <i>750</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 for                            |
| Water                | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      | Waterflooding if                        |
|                      |             |                |                |                 | applies                                 |

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

*BS 7/2/2015*

|                                         |                           |
|-----------------------------------------|---------------------------|
| Signature: <i>[Signature]</i>           | OIL CONSERVATION DIVISION |
| Printed name: <i>Terrance W. [Name]</i> | Entered into RBDMS        |
| Title: <i>FSA</i>                       | Re-test                   |
| E-mail Address: <i>T2M@chevron.com</i>  |                           |
| Date: <i>4/9/15</i>                     |                           |
| Witness: <i>[Signature]</i>             |                           |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 22 2015