

HOBBSOCD

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

MAR 20 2015

BRADENHEAD TEST REPORT

RECEIVED  
API Number

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Operator Name<br><i>Chevron</i> | API Number<br><i>30-025-25795</i> |
| Property Name<br><i>CVU</i>     | Well No.<br><i>31</i>             |

Surface Location

|                      |                      |                        |                     |                                       |                        |                                         |                       |                      |
|----------------------|----------------------|------------------------|---------------------|---------------------------------------|------------------------|-----------------------------------------|-----------------------|----------------------|
| UL - Lot<br><i>D</i> | Section<br><i>30</i> | Township<br><i>17S</i> | Range<br><i>35E</i> | Feet from<br><i>1230</i><br><i>45</i> | N/S Line<br><i>N S</i> | Feet from<br><i>1330</i><br><i>1310</i> | E/W Line<br><i>4E</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|---------------------------------------|------------------------|-----------------------------------------|-----------------------|----------------------|

Well Status

|                              |                            |                          |     |     |                 |                        |
|------------------------------|----------------------------|--------------------------|-----|-----|-----------------|------------------------|
| TA'D WELL<br>YES <i>(NO)</i> | SHUT-IN<br>YES <i>(NO)</i> | INJECTOR<br><i>(INJ)</i> | SWD | OIL | PRODUCER<br>GAS | DATE<br><i>3/20/15</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>1140</i>            |
| Flow Characteristics |             |               |               |                 |                        |
| Puff                 | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | CO2 <i>X</i>           |
| Steady Flow          | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | WTR <i>X</i>           |
| Surges               | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | GAS <i>—</i>           |
| 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>      | Waterflood if applies. |

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

*B8 7/1/2015*

|                             |                           |
|-----------------------------|---------------------------|
| Signature:                  | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date: <i>3/20/15</i>        | Phone:                    |
| Witness: <i>[Signature]</i> |                           |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 23 2015