

JUL 27 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 USA INC</b>                |  | API Number<br><b>30-025-33569</b> |
| Property Name<br><b>NQOBA NOW MEXICO'S State NGT-1</b> |  | Well No.<br><b>0-39</b>           |

## 2. Surface Location

|                     |                      |                         |                      |                          |                      |                          |                      |                      |
|---------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| El. Lot<br><b>G</b> | Section<br><b>30</b> | Township<br><b>17-S</b> | Range<br><b>34-E</b> | Feet from<br><b>2075</b> | N/S Line<br><b>N</b> | Feet from<br><b>2110</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|---------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                   |                                                 |                                             |                                                  |                                                  |                        |
|---------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="radio"/> YES | SHUT-IN<br><input checked="" type="radio"/> YES | INJ<br><input checked="" type="radio"/> YES | INJECTOR<br><input checked="" type="radio"/> YES | PRODUCER<br><input checked="" type="radio"/> YES | DATE<br><b>5/28/15</b> |
|---------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surface                             | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing                         | (E)Tubing                                                  |
|----------------------|----------------------------------------|--------------|--------------|----------------------------------------|------------------------------------------------------------|
| Pressure             | $\varnothing$                          | ---          | ---          | <b>328</b>                             | <b>35</b>                                                  |
| Flow Characteristics |                                        |              |              |                                        |                                                            |
| Pull                 | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | CO2 <input type="checkbox"/>                               |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | WTR <input type="checkbox"/>                               |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | GAS <input type="checkbox"/>                               |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | Type of Fluid<br>Injected for<br>Water flood if<br>applies |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N |                                                            |
| Water                | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N |                                                            |

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

BS 7/29/2015

|                                         |                            |
|-----------------------------------------|----------------------------|
| Signature:                              | OIL CONSERVATION DIVISION  |
| Printed name: <b>Ruben Rodriguez</b>    | Entered into RBDMS         |
| Title: <b>FSA</b>                       | Re-test                    |
| E-mail Address: <b>TZCL@chevron.com</b> |                            |
| Date: <b>5/27/15</b>                    | Phone: <b>575-513-5526</b> |
| Witness:                                |                            |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 31 2015