

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

Operator Name

API Number

ConocoPhillips Company

3002526579

Well Name

Well No

East Vacuum GB-SA 2944

001W

BEE

Surface Location

| UL - Lot | SEC | Tnsp | Range | Feet From | N/S Line | Feet From | E/W Line | County |
|----------|-----|------|-------|-----------|----------|-----------|----------|--------|
| B        | 29  | 17S  | 35E   | 10        | N        | 1330      | E        | LEA    |

Well Status

| TA'D WELL | SHUT-IN | INJECTOR | PRODUCER | DATE    |
|-----------|---------|----------|----------|---------|
| YES       | YES     | INJ      | OIL      | 2/21/17 |
| NO        | NO      | SWD      | GAS      |         |

OBSERVED DATA

|                      | (A)Surface | (B)Interm (1) | (C)Interm (2) | (D) Prod Csg | (E)Tubing |
|----------------------|------------|---------------|---------------|--------------|-----------|
| Pressure             | ✓          | —             | ✓             | ✓            | 800       |
| Flow Characteristics |            |               |               |              | CO2       |
| Puff                 | Y / N      | Y / N         | Y / N         | Y / N        | WTR       |
| Steady Flow          | Y / N      | Y / N         | Y / N         | Y / N        | GAS       |
| Surges               | Y / N      | Y / N         | Y / N         | Y / N        |           |
| Down to Nothing      | Y / N      | Y / N         | Y / N         | Y / N        |           |
| Gas or Oil           | Y / N      | Y / N         | Y / N         | Y / N        |           |
| Water                | Y / N      | Y / N         | Y / N         | Y / N        |           |

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

|                      |                           |
|----------------------|---------------------------|
| Signature:           | OIL CONSERVATION DIVISION |
| Print name:          | Entered in RBDMS          |
| Title:               | Re-test                   |
| E-mail Address:      |                           |
| Date: 2/21/17        | Phone:                    |
| Witness: [Signature] |                           |