

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 | 3002503005 |
| Well Name              | Well No    |
| Vacuum Abo Unit 06     | 065        |

Surface Location

|          |     |      |       |           |          |           |          |        |
|----------|-----|------|-------|-----------|----------|-----------|----------|--------|
| UL - Lot | SEC | Tnsp | Range | Feet From | N/S Line | Feet From | E/W Line | County |
| B        | 34  | 17S  | 35E   | 987       | N        | 1980      | E        | LEA    |

Well Status

|                                                                                |                                                                                |                                                                                 |                                                                                 |         |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------|
| TA'D WELL                                                                      | SHUT-IN                                                                        | INJECTOR                                                                        | PRODUCER                                                                        | DATE    |
| YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | INJ <input checked="" type="checkbox"/> SWD <input checked="" type="checkbox"/> | GAS <input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> | 2-21-18 |

OBSERVED DATA

|                      | (A)Surface                                | (B)Interm (1)                             | (C)Interm (2) | (D) Prod Csg | (E)Tubing |
|----------------------|-------------------------------------------|-------------------------------------------|---------------|--------------|-----------|
| Pressure             | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       | NA            | 35           | 35        |
| Flow Characteristics |                                           |                                           |               |              | CO2       |
| Puff                 | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N         | Y / N        | WTR       |
| Steady Flow          | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N         | Y / N        | GAS       |
| Surges               | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N         | Y / N        |           |
| Down to Nothing      | <input checked="" type="checkbox"/> Y / N | <input checked="" type="checkbox"/> Y / N | Y / N         | Y / N        |           |
| Gas or Oil           | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N         | Y / N        |           |
| Water                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> 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: <i>Bradley Borroughs</i>  | OIL CONSERVATION DIVISION |
| Print name: <i>Bradley Borroughs</i> | Entered in RBDMS          |
| Title:                               | Re-test                   |
| E-mail Address:                      |                           |
| Date: 2-21-18                        | Phone: 575-631-5833       |
| Witness: <i>Kerry Fortner - OCD</i>  | 399-3221                  |