

**HOBBS OCD**  
**MAY 04 2018**  
**RECEIVED**

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

**BRADENHEAD TEST REPORT**

|                                                   |  |                                    |  |
|---------------------------------------------------|--|------------------------------------|--|
| Operator Name<br><b>Chevron USA Inc</b>           |  | *API Number<br><b>30-025-31701</b> |  |
| Property Name<br><b>Vacuum Gloriosa West Unit</b> |  | Well No.<br><b>040</b>             |  |

**7. Surface Location**

| UL - Lot | Section   | Township   | Range      | Feet from   | N/S Line | Feet From   | E/W Line | County     |
|----------|-----------|------------|------------|-------------|----------|-------------|----------|------------|
| <b>X</b> | <b>25</b> | <b>17S</b> | <b>34E</b> | <b>1590</b> | <b>S</b> | <b>2404</b> | <b>W</b> | <b>Lea</b> |

**Well Status**

|                                                                                  |                                                                                |                                                                                  |                                                                       |                       |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><b>4-4-18</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|

**OBSERVED DATA**

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                                                   |
|----------------------|--------------|--------------|--------------|--------------|-------------------------------------------------------------|
| Pressure             | <b>0</b>     |              |              | <b>0</b>     | <b>0</b>                                                    |
| Flow Characteristics |              |              |              |              | <b>TA</b>                                                   |
| - Puff               | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | CO2 <input type="checkbox"/>                                |
| Steady Flow          | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | WTR <input type="checkbox"/>                                |
| Surges               | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | GAS <input type="checkbox"/>                                |
| Down to nothing      | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | Type of Fluid<br>Injected for<br>Water flood if<br>applies. |
| Gas or Oil           | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> |                                                             |
| Water                | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> |                                                             |

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

|                                          |                            |                           |  |
|------------------------------------------|----------------------------|---------------------------|--|
| Signature: <b>Evelyn Galt</b>            |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Evelyn Galt</b>         |                            | Entered into RBDMS        |  |
| Title: <b>SSPS</b>                       |                            | Re-test                   |  |
| E-mail Address: <b>BWG @ CHEVRON.COM</b> |                            |                           |  |
| Date: <b>4-4-18</b>                      | Phone: <b>575-441-4478</b> |                           |  |
| Witness: <b>Kerry Fortner - OCD</b>      |                            |                           |  |

**395-3221**

INSTRUCTIONS ON BACK OF THIS FORM