

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

HOBBS OCD  
MAY 14 2018  
RECEIVED

BRADENHEAD TEST REPORT

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Operator Name<br><b>Chevron</b>                 | Well Number<br><b>30-255-25129</b> |
| Property Name<br><b>CVE Central Vacuum Unit</b> | Well No.<br><b>74</b>              |

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>L</b> | Section<br><b>31</b> | Township<br><b>17S</b> | Range<br><b>35E</b> | Feet from<br><b>2561</b> | N/S Line<br><b>S</b> | Feet From<br><b>1180</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

|             |  |                                                                                             |  |                                                                                           |  |                                                                                            |  |                                                                                             |  |                        |
|-------------|--|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|------------------------|
| Well Status |  | TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  | INJECTOR<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  | PRODUCER<br>OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> |  | DATE<br><b>4/10/18</b> |
|-------------|--|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|------------------------|

OBSERVED DATA

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

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

|                                          |                           |
|------------------------------------------|---------------------------|
| Signature: <b>Edme Gavigo</b>            | OIL CONSERVATION DIVISION |
| Printed name: <b>EDME GAVIGO</b>         | Entered into RBDMS        |
| Title: <b>SSPS</b>                       | Re-test                   |
| E-mail Address: <b>EVING@CHEVRON.COM</b> | <b>[Signature]</b>        |
| Date: <b>4/10/18</b>                     |                           |
| Phone: <b>505-441-4418</b>               |                           |
| Witness: <b>[Signature]</b>              |                           |

INSTRUCTIONS ON BACK OF THIS FORM