

District I  
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Phone: (575) 193-6161 Fax: (575) 193-0720

HOBBS OCD

APR 29 2019

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

RECEIVED

BRADENHEAD TEST REPORT

|                                           |                            |
|-------------------------------------------|----------------------------|
| Operator Name<br>Chevron Midcontinent, LP | API Number<br>30-025-02184 |
| Property Name<br>West Vacuum Unit         | Well No<br>015             |

Surface Location

|               |               |                  |               |                   |               |                  |               |               |
|---------------|---------------|------------------|---------------|-------------------|---------------|------------------|---------------|---------------|
| U. - Lot<br>E | Section<br>34 | Township<br>17 S | Range<br>34 E | Feet from<br>1980 | N/S Line<br>N | Feet From<br>660 | E/W Line<br>W | County<br>Lea |
|---------------|---------------|------------------|---------------|-------------------|---------------|------------------|---------------|---------------|

Well Status

|                  |                |                    |                 |     |                |
|------------------|----------------|--------------------|-----------------|-----|----------------|
| TA'D Well<br>YES | SHUT-IN<br>YES | INSPECTOR<br>(INJ) | PRODUCER<br>OIL | GAS | DATE<br>4-1-19 |
|------------------|----------------|--------------------|-----------------|-----|----------------|

OBSERVED DATA

|                      | (A)Surf-Intern | (B)Intern(1) | (C)Intern(2) | (D)Prod Casing | (E)Tubing          |
|----------------------|----------------|--------------|--------------|----------------|--------------------|
| Pressure             | 0              | N/A          | N/A          | 0              | 1920               |
| Flow Characteristics |                |              |              |                |                    |
| Pull                 | Y/N            | Y/N          | Y/N          | Y/N            | CO2                |
| Steady Flow          | Y/N            | Y/N          | Y/N          | Y/N            | WTR X              |
| Surges               | Y/N            | Y/N          | Y/N          | Y/N            | GAS                |
| Down to nothing      | Y/N            | Y/N          | Y/N          | Y/N            | If applicable type |
| Gas or Oil           | Y/N            | Y/N          | Y/N          | Y/N            | Fluid injected for |
| Water                | Y/N            | Y/N          | Y/N          | Y/N            | Waterflood         |

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

|                             |                           |
|-----------------------------|---------------------------|
| Signature: <i>Christina</i> | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date:                       |                           |
| Phone:                      |                           |
| Witness:                    |                           |