

District 1  
1625 N. French Dr., Hobbs, NM 88241  
Phone (575) 393-6161 Fax (575) 393-0720

HOBBS OCD HO.

APR 29 2019

APR 29 2019

RECEIVED

RECEIVED

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

BRADENHEAD TEST REPORT

|                                           |                            |
|-------------------------------------------|----------------------------|
| Operator Name<br>Chevron Midcontinent, LP | API Number<br>30-025-33765 |
| Property Name<br>West Vacuum Unit         | Well No<br>060             |

1. Surface Location

|          |         |          |       |           |          |           |          |        |
|----------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| CL - Lat | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
| 1        | 34      | 17S      | 34E   | 2470      | S        | 1100      | E        | Lea    |

Well Status

|           |         |          |          |         |
|-----------|---------|----------|----------|---------|
| TA'D Well | SHUT-IN | INJECTOR | PRODUCER | DATE    |
| YES NO    | YES NO  | IN SWD   | OIL GAS  | 7-19-19 |

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csur | (E)Tubing          |
|----------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure             | 0              | N/A          | N/A          | 0            | 500                |
| 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: Chris Ferg | OIL CONSERVATION DIVISION |
| Printed name          | Entered into RBDMS        |
| Title:                | Re-test                   |
| E-mail Address        |                           |
| Date:                 |                           |
| Phone:                |                           |
| Witness               |                           |