

District I  
1625 N. French Dr. Hobbs, NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720

HOBBS OCD

APR 29 2019

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>30-025-02255 |  |
| Property Name<br>Vacuum Grayburg San Andres Unit |  | Well No<br>026             |  |

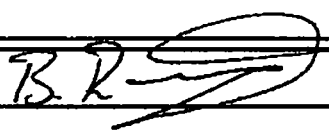
| Surface Location |         |          |       |  |           |          |           |          |        |
|------------------|---------|----------|-------|--|-----------|----------|-----------|----------|--------|
| 1/4 - Lot        | Section | Township | Range |  | Feet from | N/S Line | Feet From | E/W Line | County |
| K                | 1       | 18S      | 34E   |  | 1980      | S        | 1980      | W        | Lea    |

| Well Status                                                   |                                                               |          |     |                                                                |         |
|---------------------------------------------------------------|---------------------------------------------------------------|----------|-----|----------------------------------------------------------------|---------|
| T.A.D Well                                                    | SHUT-IN                                                       | INJECTOR |     | PRODUCER                                                       | DATE    |
| YES <input type="radio"/> NO <input checked="" type="radio"/> | YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ      | SWD | OIL <input checked="" type="radio"/> GAS <input type="radio"/> | 4/13/19 |

OBSERVED DATA

|                      | (A)Surf-Interm                       | (B)Interm(1)              | (C)Interm(2)              | (D)Prod Casing            | (E)Tubing                            |
|----------------------|--------------------------------------|---------------------------|---------------------------|---------------------------|--------------------------------------|
| Pressure             | 0                                    | N/A                       | N/A                       | 110                       | 200                                  |
| Flow Characteristics |                                      |                           |                           |                           |                                      |
| Puff                 | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | CO2 <input checked="" type="radio"/> |
| Steady Flow          | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | WTR <input type="radio"/>            |
| Surges               | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | GAS <input type="radio"/>            |
| Down to nothing      | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | If applicable type                   |
| Gas or Oil           | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | fluid injected for                   |
| Water                | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Waterflood                           |

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

|                                                                                                |         |                           |  |
|------------------------------------------------------------------------------------------------|---------|---------------------------|--|
| Signature:  |         | OIL CONSERVATION DIVISION |  |
| Printed name                                                                                   |         | Entered into RBDMS        |  |
| Title:                                                                                         |         | Re-test                   |  |
| E-mail Address.                                                                                |         | 1212                      |  |
| Date:                                                                                          | Phone   |                           |  |
|                                                                                                | Witness |                           |  |