

**District**

1625 N. French Dr., Hobbs, NM 88249  
Phone (575) 393-6161 Fax (575) 393-0728

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>30-025-29925 |
| Property Name<br>New Mexico R State NCT-3 | Well No.<br>024            |

**2. Surface Location**

|                 |              |                 |              |                  |               |                  |               |               |
|-----------------|--------------|-----------------|--------------|------------------|---------------|------------------|---------------|---------------|
| U.L. - Lot<br>P | Section<br>1 | Township<br>18S | Range<br>35E | Feet from<br>860 | N/S Line<br>S | Feet From<br>660 | E/W Line<br>E | County<br>Lea |
|-----------------|--------------|-----------------|--------------|------------------|---------------|------------------|---------------|---------------|

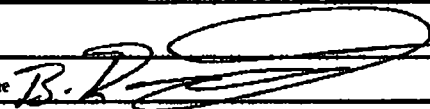
**Well Status**

|                                                      |                                                    |                     |                                                      |                 |
|------------------------------------------------------|----------------------------------------------------|---------------------|------------------------------------------------------|-----------------|
| TA'D Well<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ SWD | PRODUCER<br><input checked="" type="radio"/> OIL GAS | DATE<br>4/14/19 |
|------------------------------------------------------|----------------------------------------------------|---------------------|------------------------------------------------------|-----------------|

**OBSERVED DATA**

|                      | (A)Surf-Interm                                                        | (B)Interm(1)                                                          | (C)Interm(2)                                                          | (D)Prod Case                                                          | (E)Tubing                    |
|----------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------|
| Pressure             | 0                                                                     | 0                                                                     | 111                                                                   | 30                                                                    | 110                          |
| Flow Characteristics |                                                                       |                                                                       |                                                                       |                                                                       |                              |
| Puff                 | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | CO2 <input type="checkbox"/> |
| Steady Flow          | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | WTR <input type="checkbox"/> |
| Surges               | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | GAS <input type="checkbox"/> |
| Down to nothing      | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | If applicable type           |
| Gas or Oil           | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | fluid injected for           |
| Water                | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y <input checked="" type="radio"/> N | WaterBond                    |

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

|                                                                                                   |                           |
|---------------------------------------------------------------------------------------------------|---------------------------|
| Signature:<br> | OIL CONSERVATION DIVISION |
| Printed name<br>B. R. [unclear]                                                                   | Entered into RBDMS        |
| Title:                                                                                            | Re-test                   |
| E-mail Address:                                                                                   |                           |
| Date:                                                                                             |                           |
| Phone:                                                                                            |                           |
| Witness:                                                                                          |                           |