

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

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

BRADENHEAD TEST REPORT

HOBBS OCD  
APR 22 2020  
RECEIVED

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| Operator Name<br><i>Chevron USA INC.</i> | API Number<br><i>30-025-32808</i> |
| Property Name<br>CENTRAL VACUUM UNIT     | Well No.<br><i># 206</i>          |

Surface Location

|                      |                     |                        |                     |                          |                        |                         |                        |               |
|----------------------|---------------------|------------------------|---------------------|--------------------------|------------------------|-------------------------|------------------------|---------------|
| UL - Lot<br><i>E</i> | Section<br><i>6</i> | Township<br><i>18S</i> | Range<br><i>35E</i> | Feet from<br><i>2509</i> | N/S Line<br><i>FNL</i> | Feet From<br><i>536</i> | E/W Line<br><i>FWL</i> | County<br>LEA |
|----------------------|---------------------|------------------------|---------------------|--------------------------|------------------------|-------------------------|------------------------|---------------|

Well Status

|                                                                            |                                                                          |                              |                                                                 |                          |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|--------------------------|
| TA'D Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><i>(INJ)</i> SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><i>4-13-2020</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|--------------------------|

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing          |
|----------------------|----------------|--------------|--------------|----------------|--------------------|
| Pressure             | <i>0</i>       |              |              | <i>0</i>       | <i>1800</i>        |
| Flow Characteristics |                |              |              |                |                    |
| Puff                 | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | CO2 _____          |
| Steady Flow          | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | WTR _____          |
| Surges               | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | GAS _____          |
| Down to nothing      | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | If applicable type |
| Gas or Oil           | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | fluid injected for |
| Water                | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | Waterflood         |

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

*MIT - Passed*

|                                             |                            |
|---------------------------------------------|----------------------------|
| Signature: <i>[Signature]</i>               | OIL CONSERVATION DIVISION  |
| Printed name: <i>Eloy Carmona</i>           | Entered into RBDMS         |
| Title: <i>SSPS</i>                          | Re-test                    |
| E-mail Address: <i>Ecarmona@Chevron.com</i> |                            |
| Date: <i>4-13-2020</i>                      | Phone: <i>575-200-6265</i> |
| Witness:                                    | <i>[Signature]</i>         |

APR 22 2020

