

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

|                                          |                          |
|------------------------------------------|--------------------------|
| Operator Name<br>ConocoPhillips Company  | API Number<br>3002526652 |
| Well Name<br>East Vacuum GB-SA Unit 3202 | Well No<br>011W          |
| BEE Gonzalez                             |                          |

HOBBS OCD  
APR 21 2020  
RECEIVED

| Surface Location |     |      |       |           |          |           |          |        |
|------------------|-----|------|-------|-----------|----------|-----------|----------|--------|
| UL - Lot         | SEC | Tnsp | Range | Feet From | N/S Line | Feet From | E/W Line | County |
| 1                | 32  | 17S  | 35E   | 2600      | S        | 200       | E        | LEA    |

| Well Status                                          |                                                    |                                                  |                                                      |                |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|------------------------------------------------------|----------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br>3-2-20 |

**OBSERVED DATA**

|                      | (A)Surface                             | (B)Interm (1)                          | (C)Interm (2)                          | (D) Prod Csg                           | (E)Tubing |
|----------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|-----------|
| Pressure             | 0                                      |                                        |                                        | 1039                                   |           |
| Flow Characteristics |                                        |                                        |                                        |                                        | CO2       |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | WTR       |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | GAS       |
| Surges               | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |           |
| Down to Nothing      | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |           |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |           |
| Water                | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |           |

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

UIC  
MTT Prod. csg blew to zero in 4 min. (into truck)

|                 |                           |  |
|-----------------|---------------------------|--|
| Signature:      | OIL CONSERVATION DIVISION |  |
| Print name:     | Entered in RBDMS          |  |
| Title:          | Re-test                   |  |
| E-mail Address: |                           |  |
| Date:           | Phone:                    |  |
| Witness:        |                           |  |