

AZTEC DISTRICT OFFICE
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http://emnrd.state.nm.us/ocd/District.lll/3distric.htm

OIL CONSERVATION DIVISION

OIL CONS. DIV DIST. 3

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

APR 11 2014

Date of Test 4-1-14 Operator	Govsiaroi1-595 API #30-0 45-06714	
Property Name Clark Pat Well No. 2 Location: Unit A Section 12 Township 27 Range 9		
Well Status(Shut-In or Producing) Initial PSI: Tubing Status Intermediate X Casing 48 Bradenhead 38		
OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH		
PRESSURE Testing Bradenhead INTERM BH Int Csg Int Csg	FLOW CHARACTERISTICS BRADENHEAD INTERMEDIATE	
TIME 5 min O) 55	Steady Flow XTV (CKCe	
10 min 6 55	Surges	
15 min 0 &	Down to Nothing	
20 min 0 55	Nothing	
25 min 🗸 55	Gas	
30 min 🛇 🕏	Gas & Water	
	Water	
If bradenhead flowed water, check all of the descriptions that apply below:		
CLEAR_X FRESH SALTY SULFUR BLACK		
5 MINUTE SHUT-IN PRESSURE BRADENHEAD 'Z INTERMEDIATE		
REMARKS: 1/2 / Upon open very smill Think after ToTaloF		
Isallon flavod Wall sumple Tolker		
By hand yellete Witness / Vouca Luch line		
(Position)		
E-mail address Tuny . Co calorsent com		



CHAIN OF CUSTODY FORM

ONE SAMPLE PER SHEET

OIL CONS. DIV DIST. 3 APR 1 1 2014

Chevron Entity:

Chevron Midcontinent L.P.

Chevron USA Inc.

Four Corners Gas & Oil Company

X

Well site/	location
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030-045-06714

Sample matrix:

Soil:

Solid:

Sludge:

Aqueous

Other:

Sample Identification:

President ded water # and volume of containers

Lab identification number:

Sampled by (Name):

Date:

Time:

Analysis requested:

Date:

Accepted by:

Date:

Instructions:

Check correct operator entity.

Fill in name of well site and API.

What kind of sample is it? Soil? Mud? Water?

Identify sample- for example: gas from Bradenhead? How many containers? How much do they hold?

Lab identification number?

How will they track the sample?

Sampled by: Name of sampler, date of sampling and time of sampling.

Analysis requested: Bradenhead gas? Production water from gas stream? Bradenhead water?

Who dropped off the sample? Date and time.

Who accepted the sample? Date and time.

One form for each location.

Return form - with ALL signatures - to Regulatory Specialist.