

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

AUG 21 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chevron USA Inc</i>	API Number <i>30-025-33584</i>
Property Name <i>W/U</i>	Well No. <i>58</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>B</i>	<i>3</i>	<i>18S</i>	<i>34E</i>	<i>1330</i>	<i>N</i>	<i>1330</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<i>8/4/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1650</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies

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

Signature: <i>Eddie Gallegos</i>	OIL CONSERVATION DIVISION
Printed name: <i>EDDIE GALLEGOS</i>	Entered into RBDMS
Title: <i>SBPS</i>	Re-test
E-mail Address: <i>eivgo@chevron.com</i>	
Date: <i>8/4/15</i>	Phone: <i>575-631-8516</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015