

NOV 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Justin Wall</i>		Chevron U.S.A		*API Number 3002530100	
Property Name TBAU TRINITY Burrus ABO unit.				Well No. 21	

Surface Location								
UL - Lot N	Section 23	Township 12S	Range 38E	Feet from 330	N/S Line S	Feet from 1650	E/W Line W	County lea

Well Status							
TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER GAS	DATE 8-6-15

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod/Cmg	(E)Tubing
Pressure	0	400		200	0
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	CO2 ___
Steady Flow	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	WTR ___
Surges	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Water	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	

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

*Will have water Bled down By vac truck and 24 hr test
Bled can to zero*

Signature: <i>Justin Wall</i>	B8 11/24/15
Printed name: <i>Justin Wall</i>	OIL CONSERVATION DIVISION
Title: <i>FSA</i>	Entered into RBDMS <i>B8</i>
E-mail Address: <i>LJYK@Chevron.com</i>	Re-test
Date: <i>8-6-15</i>	Phone: <i>575 7046224</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 30 2015