

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

APR 3 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <b>chevron</b>	API Number <b>30-025-26787</b>
Property Name <b>CVU</b>	Well No. <b>143</b> ✓

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>A</b>	<b>6</b>	<b>18S</b>	<b>35E</b>	<b>1310</b>	<b>N</b>	<b>50</b>	<b>E</b>	<b>Lea</b> ✓

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR YES <input type="radio"/> NO <input checked="" type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <b>4/1/15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	∅	∅	N/A	∅	1350
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

**BS 4/8/2015**

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>chevron</b>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <b>4/1/15</b>	Phone: <b>3904449</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015