

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 <i>Chevron</i>	API Number <i>30-025-27966</i>
Property Name <i>CUU</i>	Well No. <i>156</i>

Surface Location

UL - Lot <i>K</i>	Section <i>25</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>2340</i>	N/S Line <i>S</i>	Feet From <i>1330</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>425</i>
Flow Characteristics					
Puff	<i>0</i> N	Y/N	Y/N	<i>0</i> N	CO2
Steady Flow	<i>0</i> N	Y/N	Y/N	<i>0</i> N	WTR <i>X</i>
Surges	<i>0</i> N	Y/N	Y/N	<i>0</i> N	GAS
Down to nothing	<i>0</i> N	Y/N	Y/N	<i>0</i> N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>0</i> N	Y/N	Y/N	<i>0</i> N	
Water	<i>0</i> N	Y/N	Y/N	<i>0</i> 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: <i>T. Chevron</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/1/15</i>	Phone: <i>3904449</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015 *[Signature]*