

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

MAY 18 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name CHEVRON	API Number 30-025-3096
Property Name WEST LOVINGTON Unit 69	Well No. 69

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
C	7	175	366	1305	N	2575	W	LEA

Well Status

<input checked="" type="checkbox"/> YES	TA'D.WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
												5/8/15

OBSERVED DATA

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

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

SAD/SCD

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5/8/15	
Phone:	
Witness: [Signature]	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 18 2015 - **[Signature]**