

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

JUN 19 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <b>Chevron</b>		API Number <b>30-025-30717</b>	
Property Name <b>VGSAU</b>		Well No. <b>VGSAU # 157</b>	

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>C</b>	<b>101</b>	<b>18S</b>	<b>34E</b>	<b>710</b>	<b>N</b>	<b>2530</b>	<b>W</b>	<b>LEA</b>

Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/>	SWD <input type="checkbox"/>	PRODUCER <b>(OIL)</b> GAS <input type="checkbox"/>	DATE <b>5-27-15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>NA</b>	<b>120</b>	<b>390</b>
Flow Characteristics					
Puff	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	WTR <input type="checkbox"/>
Surges	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	Type of Fluid Injected for Waterfall if applies
Gas or Oil	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	
Water	<b>Y / X</b>	<b>Y / X</b>	<b>Y / N</b>	<b>Y / X</b>	

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

*Bd 6/30/2015*

Signature: <i>Austin Pogre</i>	OIL CONSERVATION DIVISION
Printed name: <b>Austin Pogre</b>	Entered into RBDMS
Title: <b>BSA</b>	Re-test
E-mail Address: <b>atym@chevron.com</b>	
Date: <b>5-27-15</b>	Phone: <b>575-513-0863</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 15 2015

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