

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

MAR 07 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Chevron, <u>U.S.A. Inc.</u> ✓	API Number <u>30-025-38638</u> ✓
Property Name Central Vacuum Unit ✓	Well No. <u>456</u> ✓

7. Surface Location

UL - Lot <u>F</u>	Section <u>36</u>	Township <u>17S</u>	Range <u>34E</u>	Feet from <u>1360</u>	N/S Line <u>N</u>	Feet From <u>1980</u>	E/W Line <u>W</u>	County Lea ✓
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <u>2-16-16</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>1950</u>
Flow Characteristics					
Puff	<u>Y / <input checked="" type="checkbox"/></u>	<u>Y / N</u>	<u>Y / N</u>	<u><input checked="" type="checkbox"/> / N</u>	CO2 <input checked="" type="checkbox"/>
Steady Flow	<u>Y / <input checked="" type="checkbox"/></u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / <input checked="" type="checkbox"/></u>	WTR <input checked="" type="checkbox"/>
Surges	<u>Y / <input checked="" type="checkbox"/></u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / <input checked="" type="checkbox"/></u>	GAS <input type="checkbox"/>
Down to nothing	<u><input checked="" type="checkbox"/> / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u><input checked="" type="checkbox"/> / N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y / <input checked="" type="checkbox"/></u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / <input checked="" type="checkbox"/></u>	
Water	<u>Y / <input checked="" type="checkbox"/></u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / <input checked="" type="checkbox"/></u>	

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

Signature: <u>Tanner DeHaan</u>	OIL CONSERVATION DIVISION
Printed name: Tanner DeHaan	Entered into RBDMS <u>KH 3-8-16</u>
Title: FSA	Re-test
E-mail Address: TZYR@Chevron.com	
Date: <u>2-16-16</u>	Phone: 575-390-4449
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 08 2016