

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

BRADENHEAD TEST REPORT

HOBBS OCD
APR 03 2017
RECEIVED

Operator Name CHEVRON USA INC	* API Number 30-025-02201
Property Name WEST VACUUM UNIT	Well No. 29

7. Surface Location

UL - Lot I	Section 34	Township 17 S	Range 34 E	Feet from 1980	N/S Line S	Feet From 660	E/W Line E	County Lea
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Well Status

Well Status	SHUT-IN	PRODUCING <input checked="" type="checkbox"/>	DATE 3-15-17
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA


If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csg	(E)Tubing
Pressure	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40	200
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> / N	Y / N	Y / N	Y / N	Y / N
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	Y / N
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	Y / N
Down to nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	Y / N	Y / N
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	Y / N
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	Y / N

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR <input checked="" type="checkbox"/>	FRESH <input checked="" type="checkbox"/>	SALTY <input checked="" type="checkbox"/>	SULFUR <input checked="" type="checkbox"/>	BLACK <input checked="" type="checkbox"/>
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Remarks: INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

Signature: 	OIL CONSERVATION DIVISION
Printed name: Linda Robinson	Entered into RBDMS
Title: Field Specialist A	Re-test 27
E-mail Address: LRUW@CHEVRON.COM	
Date: 3-15-17	Phone: 575-704-2225
maud 3:30	Witness: