

District I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 391-6161 Fax (575) 391-0720

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

BRADENHEAD TEST REPORT

Operator Name Chevron Midcontinent, LP	API Number 30-025-30756
Property Name Vacuum Grayburg San Andres Unit	Well No 140

Surface Location									
Pl. - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	2	18S	34E		1980	N	10	E	Lea

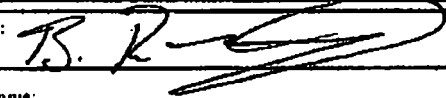
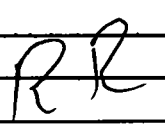
Well Status						DATE
TA'D Well	SHUT-IN	INJECTOR	PRODUCER			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJ <input type="checkbox"/> SWD <input type="checkbox"/>	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS			4/13/19

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	NA	NA	140	0
Flow Characteristics					
Puff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CO2 _____
Steady Flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WTR _____
Surges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GAS _____
Down to nothing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If applicable type _____
Gas or Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fluid injected for _____
Water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Waterflood _____

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

Waiting on Rig (Bad Pump)

Signature: 	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date:	Phone:
	Witness: