

District 1

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-8161 Fax: (575) 393-0720State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

SAT 3

INJ

## BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><b>Chevron USA INC.</b>    | API Number<br><b>30-025-38640</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No.<br><b>458</b>            |

## Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| CL - Loc<br><b>A</b> | Section<br><b>36</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1153</b> | N/S Line<br><b>N</b> | Feet From<br><b>848</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

## Well Status

|                                                   |                                                 |                                                  |                                                  |                          |
|---------------------------------------------------|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------|
| TA'D Well<br>YES <input checked="" type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> INJ | PRODUCER<br>OIL <input checked="" type="radio"/> | DATE<br><b>19 Jun 21</b> |
|---------------------------------------------------|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------|

## OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                |
|----------------------|----------------|--------------|--------------|----------------|--------------------------|
| Pressure             | <b>0</b>       | <b>N/A</b>   | <b>N/A</b>   | <b>0</b>       | <b>1800</b>              |
| Flow Characteristics |                |              |              |                |                          |
| Puff                 | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | CO2 _____                |
| Steady Flow          | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | WTR <b>+</b>             |
| Surges               | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | GAS _____                |
| Down to nothing      | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | If applicable type _____ |
| Gas or Oil           | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | fluid injected for _____ |
| Water                | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | Waterflood _____         |

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

|                                             |                           |
|---------------------------------------------|---------------------------|
| Signature: <b>Van Buren</b>                 | OIL CONSERVATION DIVISION |
| Printed name: <b>Van Buren Tyrone Hagan</b> | Entered into RBDMS        |
| Title: <b>FSA</b>                           | Re-test                   |
| E-mail Address: <b>HAGAN@Chevron.com</b>    | <b>K 7</b>                |
| Date: <b>19 Jun 21</b>                      |                           |
| Phone:                                      |                           |
| Witness:                                    |                           |

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 42524

**CONDITIONS**

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>CHEVRON U S A INC<br>6301 Deauville Blvd<br>Midland, TX 79706 | OGRID:<br>4323                                             |
|                                                                            | Action Number:<br>42524                                    |
|                                                                            | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

**CONDITIONS**

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| kfortner   | None      | 3/30/2022      |