

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

MAY 18 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name Chevron	API Number 30-025-31991
Property Name NM AB ST 10	Well No. 10

7. Surface Location

BL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
J	6	185	35E	2085	S	1872	E	Lea

Well Status

PROD WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	5/8/15

OBSERVED DATA

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

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

JAD/OCD

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5/8/15	Phone:
Witness: [Signature]	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 18 2015

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