

HOBBS OCD

JUL 01 2015

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

BRADENHEAD TEST REPORT

Operator Name <i>Chevron</i>	API Number <i>30-025-02197</i>
Property Name <i>WVH</i>	Well No. <i>37</i>

Surface Location

UL <i>P</i>	Section <i>34</i>	Township <i>17</i>	Range <i>34</i>	Feet from <i>660</i>	N-S Line <i>S</i>	Feet from <i>660</i>	E-W Line <i>E</i>	County <i>Lea</i>
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Well Status

TAB WELL YES ☒	SHUT-IN YES ☒	INJECTOR INJ ☒	PRODUCER OIL ☒	DATE <i>6-6-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>50</i>	<i>420</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if

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

BS 7/9/2015

Signature *Linda Robinson*

Printed name *Linda Robinson*

Title *Field Specialist*

Company *LLW E. Chevron Corp*

Date *6-4-15*

Phone *972-744-2224*

OIL CONSERVATION DIVISION

HOBBBS DISTRICT OFFICE

JUL 14 2015

[Signature]