

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

HOBBS OOD

AUG 31 2015

BRADENHEAD TEST REPORT

Operator Name CHEVRON	Well No. 3002 5029 V7
Property Name Central Vacuum Unit	Well No. 11

Well No. 2	Location 30 TIPS	Township R34E	Range 	Foot Cont. 1980	GPS Elev N	Feet From 621	W. W. Line W	County LEA
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Well Status

TEST WELL <input checked="" type="checkbox"/> YES	SHUT-IN <input checked="" type="checkbox"/> YES	INJECTOR <input type="checkbox"/> INJ	PRODUCER <input type="checkbox"/> OIL	DATE 8/19/2015
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod. Casing	(E) Tubing
Pressure	Ø	N/A	N/A	Ø	Ø
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	WTR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	Type of fluid injected for Water level if applies
Gas or Oil	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	
Water	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	

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

Signature: <i>Eddy Gallas</i>	DATE: BS 9/16/2015
Printed name: EDDY GALLAS	OIL CONSERVATION DIVISION
Title: SSPS	Entered into RBDMS
E-mail Address: edg@chevron.com	Re-test
Date: 8/19/15	
Phone: 575-602-8516	
Name: <i>John Brown</i>	

THE FOLLOWING ON BACK OF THIS FORM 18

SEP 18 2015