

HOBBSOCD

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

APR 09 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chevron USA Inc</i>	API Number <i>30-025-41154</i>
Property Name <i>Cvu</i>	Well No. <i>256</i>

Surface Location

UL - Lot <i>F</i>	Section <i>36</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1480</i>	N/S Line <i>N</i>	Feet From <i>1990</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ	SWD	PRODUCER OIL ☒ GAS	DATE <i>4/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>N/A</i>	<i>φ</i>	<i>1880</i>
Flow Characteristics					
Puff	<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 applies

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

BS 4/10/2015

Signature: <i>Tamara Devron</i>	OIL CONSERVATION DIVISION
Printed name: <i>Tamara Devron</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/9/15</i>	Phone:
Witness: <i>Greg Sawyer</i>	

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015 *h*