

District I
 1625 N French Dr. Hobbs, NM 88249
 Phone (575) 393-6161 Fax (575) 393-9720

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

HOBBS OCD

APR 24 2019

BRADENHEAD TEST REPORT

Operator Name Chevron Midcontinent, LP		RECEIVED 30-025-02955
Property Name Central Vacuum Unit		
		Well No. 65

Surface Location

TL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
E	31	17S	35E	1987	N	660	W	LEA

Well Status

T.A'D Well	SHUT-IN	INJECTOR		PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ	SWD	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	3-28-2019

OBSERVED DATA

	(A) Surf-Interm	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		0	250
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR _____
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS _____
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Waterflood

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

Signature: <i>Chou Dew</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Sam [Signature]</i>	