

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION

SPT 3  
JAN

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

## BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><b>Chevron USA Inc.</b>    | API Number<br><b>30-020-25104</b> |
| Property Name<br><b>CENTRAL VACUUM UNIT</b> | Well No<br><b>01</b>              |

## Surface Location

|                      |                      |                        |                     |                          |                     |                          |                     |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|---------------------|--------------------------|---------------------|----------------------|
| TL - Lot<br><b>W</b> | Section<br><b>36</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1332</b> | NS Line<br><b>S</b> | Feet from<br><b>1310</b> | EW Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|---------------------|--------------------------|---------------------|----------------------|

## Well Status

|                                                                           |                                                                          |                                                  |                                                                 |                          |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|--------------------------|
| TAB Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><b>21 Jun 21</b> |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|--------------------------|

## OBSERVED DATA

|                      | (A) Surface  | (B) Internal | (C) Internal | (D) Port Casing | (E) Tubing                              |
|----------------------|--------------|--------------|--------------|-----------------|-----------------------------------------|
| Pressure             | <b>0</b>     | <b>0</b>     | <b>N/A</b>   | <b>0</b>        | <b>1150</b>                             |
| Flow Characteristics |              |              |              |                 |                                         |
| Pull                 | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | CO2 <input checked="" type="checkbox"/> |
| Steady Flow          | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | WTR <input type="checkbox"/>            |
| Surges               | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | If applicable type                      |
| Gas or Oil           | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | Flashed gas                             |
| Water                | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>    | Water level                             |

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

|                                           |                           |
|-------------------------------------------|---------------------------|
| Signature<br><b>Van Riper</b>             | OIL CONSERVATION DIVISION |
| Printed name<br><b>Van Riper Tyrone</b>   | Entered into RDBMS        |
| Title<br><b>FSA</b>                       | Re-test                   |
| E-mail Address<br><b>HGAN@Chevron.com</b> |                           |
| Date<br><b>21 Jun 21</b>                  | Phone                     |
|                                           | Witness                   |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
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Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS  
  
Action 39126

CONDITIONS

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>CHEVRON U S A INC<br>6301 Deauville Blvd<br>Midland, TX 79706 | OGRID:<br>4323                                             |
|                                                                            | Action Number:<br>39126                                    |
|                                                                            | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 6/13/2022      |