

## District II - Artesia

811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1281 Fax: (575) 748-9720

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HOBBS O.C.D.

OCT 22 2018

State of New Mexico

Energy, Minerals and Natural Resources Department

OCT 24 2018

Oil Conservation Division Artesia District Office

DISTRICT II-ARTESIA O.C.D.

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## BRADENHEAD TEST REPORT

|                                                        |  |                                     |  |
|--------------------------------------------------------|--|-------------------------------------|--|
| Operator Name<br><b>Chevron</b>                        |  | API Number<br><b>30015236970001</b> |  |
| Property Name<br><b>Benson Shugart Waterflood Unit</b> |  | Well No.<br><b>5</b>                |  |

## 7. Surface Location

|                 |                      |                       |                    |                         |                      |                         |                       |                       |
|-----------------|----------------------|-----------------------|--------------------|-------------------------|----------------------|-------------------------|-----------------------|-----------------------|
| Lot<br><b>A</b> | Section<br><b>26</b> | Township<br><b>18</b> | Range<br><b>30</b> | Feet from<br><b>990</b> | S Line<br><b>990</b> | Feet From<br><b>990</b> | EW Line<br><b>990</b> | County<br><b>Eddy</b> |
|-----------------|----------------------|-----------------------|--------------------|-------------------------|----------------------|-------------------------|-----------------------|-----------------------|

## Well Status

|                                                         |                                                       |                            |                     |                        |
|---------------------------------------------------------|-------------------------------------------------------|----------------------------|---------------------|------------------------|
| TA'D Well<br>YES <input checked="" type="checkbox"/> NO | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO | INJECTOR<br><b>INJ</b> SWD | PRODUCER<br>OIL GAS | DATE<br><b>9-17-18</b> |
|---------------------------------------------------------|-------------------------------------------------------|----------------------------|---------------------|------------------------|

## OBSERVED DATA

|                      | (A) Surf-Interm. | (B) Interm. (1) | (C) Interm. (2) | (D) Prod Casing | (E) Tubing         |
|----------------------|------------------|-----------------|-----------------|-----------------|--------------------|
| Pressure             |                  |                 |                 |                 |                    |
| Flow Characteristics |                  |                 |                 |                 |                    |
| Puff                 | Y/N              | Y/N             | Y/N             | Y/N             | CO2 _____          |
| Steady Flow          | Y/N              | Y/N             | Y/N             | Y/N             | WTR _____          |
| Surges               | Y/N              | Y/N             | Y/N             | Y/N             | GAS _____          |
| Down to nothing      | Y/N              | Y/N             | Y/N             | Y/N             | If applicable type |
| Gas or Oil           | Y/N              | Y/N             | Y/N             | Y/N             | fluid injected for |
| Water                | Y/N              | Y/N             | Y/N             | Y/N             | Waterflood         |

If Braden head flowed water, check all the descriptions that apply:

|       |       |       |        |       |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

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

|                                                 |                            |                           |  |
|-------------------------------------------------|----------------------------|---------------------------|--|
| Signature: <b>Dan Smolik</b>                    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Dan Smolik</b>                 |                            | Entered RBDMS             |  |
| Title: <b>Compliance Officer</b>                |                            | Re-test                   |  |
| E-mail Address: <b>danny.smolik@state.nm.us</b> |                            |                           |  |
| Date: <b>9-17-18</b>                            | Phone: <b>575 626-0836</b> |                           |  |
| Witness:                                        |                            |                           |  |