

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

APR 3 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chevron</i>	API Number <i>30-025-27971</i>
Property Name <i>Cru</i>	Well No. <i>161</i>

Surface Location

UL - Lot <i>m</i>	Section <i>36</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>180</i>	N/S Line <i>S</i>	Feet From <i>10</i>	E/W Line <i>N</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒	PRODUCER OIL ☒ GAS	DATE <i>4/1/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>d</i>	<i>n/a</i>	<i>n/a</i>	<i>d</i>	<i>1468</i>
Flow Characteristics					
Pull	<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 Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

BS 4/8/2015

Signature: <i>[Signature] Chevron</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/1/15</i>	Phone: <i>390 4449</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015