

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

HOBBSOCD

APR 23 2015

BRADENHEAD TEST REPORT

Operator Name <i>Chevron</i>	RECEIVED 30-025-33587
Property Name <i>WEST VACUUM</i>	Well No. <i>56</i>

Surface Location							
UL - Lot <i>0</i>	Section <i>34</i>	Township <i>12S</i>	Range <i>34E</i>	Feet from	N/S Line	Feet From	E/W Line <i>21A</i>

Well Status							
TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☒ IN ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>4/10/15</i>			

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>2/1</i>	<i>2/1</i>	<i>φ</i>	<i>φ</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 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.

T/A WELL

FOR RECORD ONLY
LAB/OCD

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/10/15</i>	Phone:
Witness: <i>John Fower</i>	

INSTRUCTIONS ON BACK OF THIS FORM

APR 27 2015