

JUL 01 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Chevron USA Inc</i>	API Number <i>30-0250-022850</i>
Property Name <i>WVH</i>	Well No. <i>49</i>

2. Surface Location

UL - Lat <i>H</i>	Section <i>3</i>	Township <i>18</i>	Range <i>34</i>	Feet from <i>1980</i>	N S Line <i>N</i>	Feet from <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ ☐	INJECTOR SWD ☐	PRODUCER ☒ OIL	GAS ☐	DATE <i>6-6-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>30</i>	<i>220</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 Inject or Waste fluid 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 7/9/2015

Signature

Linda Robinson

Printed name

Linda Robinson

Title

Field Specialist

Company

Chevron USA Inc

6-6-15

OIL CONSERVATION DIVISION

HOBBS DISTRICT OFFICE

JUL 14 2015