

HOBBS OCD

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

JUN 19 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chevron</i>	API Number <i>30-025-38002</i>
Property Name <i>Central Vacuum Unit</i>	Well No. <i>342</i>

Surface Location									
W. - Lot <i>A</i>	Section <i>36</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>82</i>	N/S Line <i>N</i>	Feet From <i>1186</i>	E/W Line <i>E</i>	County <i>LEA</i>

Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INT</i>	SWD	PRODUCER OIL	GAS	DATE <i>5/21/2015</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>50</i>	<i>1775</i>
Flow Characteristics	<i>0</i>				
Puff	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>0 / N</i>	CO2 <i>X</i>
Steady Flow	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	WTR <i>X</i>
Surges	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	GAS <i>—</i>
Down to nothing	<i>0 / N</i>	<i>0 / N</i>	<i>Y / N</i>	<i>0 / N</i>	Type of Fluid
Gas or Oil	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	Injected for
Water	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	Waterflood if
					applies

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

D- Gas bled to Zero (1 minute)

BS 7/1/2015

Signature: <i>T. J. Chevron</i>	OIL CONSERVATION DIVISION
Printed name: <i>Tanner DeHaan</i>	Entered into RBDMS
Title: <i>FSA</i>	Re-test
E-mail Address: <i>TJDM @ Chevron.com</i>	
Date:	Phone:
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 15 2015

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