

HOBBS OGD

AUG 21 2015

District 1  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                                     |  |                                   |
|-----------------------------------------------------|--|-----------------------------------|
| Operator Name<br><b>JAMESON EVANS - CHEVRON USA</b> |  | API Number<br><b>30-025-20057</b> |
| Property Name<br><b>STATE BA</b>                    |  | Well No.<br><b>6</b>              |

## 7. Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>D</b> | Section<br><b>36</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>6660</b> | N/S Line<br><b>N</b> | Feet From<br><b>860</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

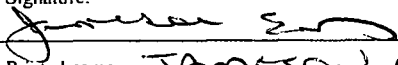
## Well Status

|                                                                            |                                                                          |                                                                 |                                                                            |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="radio"/> YES <input type="radio"/> NO | SHUT-IN<br><input checked="" type="radio"/> YES <input type="radio"/> NO | INJECTOR<br><input type="radio"/> INJ <input type="radio"/> SWD | PRODUCER<br><input checked="" type="radio"/> OIL <input type="radio"/> GAS | DATE<br><b>7-26-15</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <b>0</b>   |              |              | <b>0</b>    | <b>0</b>                                |
| Flow Characteristics |            |              |              |             |                                         |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Type of Fluid                           |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Injected for                            |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Waterbreak if                           |
|                      |            |              |              |             | applies                                 |

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

|                                                                                                |                            |                           |  |
|------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--|
| Signature:  |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>JAMESON EVANS</b>                                                             |                            | Entered into RBDMS        |  |
| Title: <b>FIELD SPECIALIST A</b>                                                               |                            | Re-test                   |  |
| E-mail Address: <b>LKKM @ CHEVRON. COM</b>                                                     |                            |                           |  |
| Date: <b>7-26-15</b>                                                                           | Phone: <b>575 704 2467</b> |                           |  |
| Witness:                                                                                       |                            |                           |  |

BS 8/29/2015

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015