

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

AUG 26 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Justin Wall</i>	Property Name <i>ICV CV Big Bertha</i>	API Number <i>3002533883</i>	Well No. <i>#1-11</i>
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2. Surface Location

UL - Lot <i>F</i>	Section <i>11</i>	Township <i>T16S</i>	Range <i>R36E</i>	Feet from <i>2081</i>	N/S Line <i>N</i>	Feet from <i>18TD</i>	EAV Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	PRODUCER <i>SWD</i>	OIL ☒ GAS ☐	DATE <i>8-11-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cmg	(E)Tubing
Pressure	<i>2</i>	<i>2</i>		<i>0</i>	<i>20</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Water/Dwell if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

Signature: <i>Justin Wall</i>	Oil Conservation Division
Printed name: <i>Justin Wall</i>	Entered into RBDMS
Title: <i>FSA</i>	Re-test
E-mail Address: <i>LJYK@Chevron.com</i>	
Date: <i>8-11-15</i>	Phone: <i>575 704 6224</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 03 2015