

SEP 09 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>30-025 - 32032</i>	
Property Name <i>WST T&S Yates Seven Rivers Unit</i>		Well No. <i>433</i>	

Surface Location

UL - Lot <i>5</i>	Section <i>04</i>	Township <i>20S</i>	Range <i>33E</i>	Feet from <i>1650</i>	N/S Line <i>5</i>	Feet from <i>1980</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 ☒	INJECTOR ☒ SWD	PRODUCER OIL ☐ GAS	DATE <i>7-16-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>15</i>			<i>65</i>	<i>0</i>
Flow Characteristics					
Pull	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</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.

Signature: <i>Joseph Collins</i>		<i>BL 10/3/15</i>	
Printed name: <i>Joseph Collins</i>		OIL CONSERVATION DIVISION	
Title: <i>Production Specialist Sub Surface</i>		Entered into RBDMS	
E-mail Address: <i>Collins J @ chevron.com</i>		Re-test	
Date: <i>7-16-15</i>	Phone: <i>575-631-4197</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

OCT 08 2015

BL