

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

BRADENHEAD TEST REPORT

Operator Name <i>Chevron</i>	* API Number <i>30-025-27975</i>
Property Name <i>Vgsan</i>	Well No. <i>65</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>25</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1310</i>	N/S Line <i>S</i>	Feet From <i>120</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ <i>Q</i>	SWD	OIL	PRODUCER	GAS	DATE <i>11/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	<i>n/a</i>	ϕ	ϕ
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <i>X</i>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <i>X</i>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <i>—</i>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	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.

BS 11/16/2015

Signature: <i>Cruz Ortega</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cruz Ortega</i>	Entered into RBDMS <i>G-B</i>
Title: <i>RWW wsm</i>	Re-test
E-mail Address: <i>ORCR@Chevron.com</i>	
Date: <i>11/9/15</i>	
Phone:	
Witness: <i>James Bove</i>	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 18 2015

IMP IN