

AUG 26 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Justin Wall Chevron USA Inc</u>	API Number <u>3002537254</u>
Property Name <u>TIBAU</u>	Well No. <u>28</u>

2. Surface Location

UL - Lot <u>K</u>	Section <u>27</u>	Township <u>12S</u>	Range <u>38E</u>	Feet from <u>2240</u>	N/S Line <u>S</u>	Feet From <u>2310</u>	E/W Line <u>W</u>	County <u>LEA</u>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <u>8-6-15</u>
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OBSERVED DATA

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

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

Int. Casing is loose above ground, it has some play in it

Signature: <u>Justin Wall</u>	OIL CONSERVATION DIVISION Entered into RBDMS Re-test <u>BS 8/30/2015</u>
Printed name: <u>Justin Wall</u>	
Title: <u>FSA</u>	
E-mail Address: <u>LSYK@Chevron.com</u>	
Date: <u>8-6-15</u>	
Phone: <u>575 704 6224</u>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 07 2016