

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

MAR 07 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Chevron <b>USA, INC</b> ✓	API Number <b>30-025-27969</b> ✓
Property Name Central Vacuum Unit ✓	Well No. <b>159</b> ✓

7. Surface Location

U/L - Lot <b>D</b>	Section <b>36</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>1310</b>	N/S Line <b>N</b>	Feet From <b>100</b>	E/W Line <b>W</b>	County Lea ✓
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	DATE <b>2-16-16</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>1890</b>
Flow Characteristics					
Puff	<b>Y / <input checked="" type="checkbox"/></b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/></b>	CO2 <input checked="" type="checkbox"/>
Steady Flow	<b>Y / <input checked="" type="checkbox"/></b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/></b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y / <input checked="" type="checkbox"/></b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/></b>	GAS <input type="checkbox"/>
Down to nothing	<b><input checked="" type="checkbox"/> / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b><input checked="" type="checkbox"/> / N</b>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<b>Y / <input checked="" type="checkbox"/></b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/></b>	
Water	<b>Y / <input checked="" type="checkbox"/></b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/></b>	

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: Tanner DeHaan	Entered into RBDMS <b>KH 3-8-16</b>
Title: FSA	Re-test
E-mail Address: TZYR@Chevron.com	
Date: <b>2-16-16</b>	Phone: 575-390-4449
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 08 2016