

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

**HOBBS OCD**  
**MAR 11 2016**  
**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name Chevron <i>USA INC</i> ✓	API Number <i>30-025-25801</i> ✓
Property Name Central Vacuum Unit ✓	Well No. <i>120</i> ✓

<sup>7</sup> Surface Location

UL - Lot <i>D</i>	Section <i>7</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>60</i>	N/S Line <i>N</i>	Feet From <i>1100</i>	E/W Line <i>W</i>	County Lea ✓
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Well Status

TA'D WELL YES <i>NO</i>	SHUT-IN YES <i>NO</i>	INJECTOR <i>NO</i>	SWD	OIL PRODUCER GAS	DATE <i>2-26-16</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>1400</i>
<b>Flow Characteristics</b>					
Puff	Y / <i>NO</i>	Y / <i>NO</i>	Y / N	<i>NO</i> / N	CO2 ___
Steady Flow	Y / <i>NO</i>	Y / <i>NO</i>	Y / N	Y / <i>NO</i>	WTR <i>X</i>
Surges	Y / <i>NO</i>	Y / <i>NO</i>	Y / N	Y / <i>NO</i>	GAS ___
Down to nothing	<i>NO</i> / N	<i>NO</i> / N	Y / N	<i>NO</i> / N	Type of Fluid
Gas or Oil	Y / <i>NO</i>	Y / <i>NO</i>	Y / N	Y / <i>NO</i>	Injected for
Water	Y / <i>NO</i>	Y / <i>NO</i>	Y / N	<i>NO</i> / 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 3-11-16*

Signature: <i>Tanner DeHaan</i>	OIL CONSERVATION DIVISION
Printed name: Tanner DeHaan	Entered into RBDMS <i>BS</i>
Title: FSA	Re-test
E-mail Address: TZYR@Chevron.com	
Date: <i>2-26-16</i>	Phone: 575-390-4449
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

**MAR 14 2016**

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

**BRADENHEAD TEST REPORT**

Operator Name Chevron <b>USA INC ✓</b>	API Number <b>30-025-25798 ✓</b>
Property Name Central Vacuum Unit ✓	Well No. <b>113 ✓</b>

<sup>7</sup> Surface Location

UL - Lot <b>L</b>	Section <b>6</b>	Township <b>18S</b>	Range <b>3SE</b>	Feet from <b>1620</b>	N/S Line <b>S</b>	Feet From <b>1100</b>	E/W Line <b>W</b>	County Lea ✓
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Well Status

TA'D WELL YES <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/>	SWD	PRODUCER OIL	GAS	DATE <b>2-26-16</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	N/A	0	1870
<u>Flow Characteristics</u>					
Puff	Y / <input checked="" type="radio"/>	<input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/>	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	GAS ___
Down to nothing	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	Injected for
Water	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	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: <b>Tanner DeHaan</b>	<b>BB 3-11-16</b>
Printed name: Tanner DeHaan	OIL CONSERVATION DIVISION
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