

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

MAR 11 2016

BRADENHEAD TEST REPORT

RECEIVED

Operator Name Chevron	USA WC ✓	API Number 30-025-25998 ✓
Property Name Central Vacuum Unit	✓	Well No. 137 ✓

Surface Location

UL - Lot D	Section 6	Township 18S	Range 35E	Feet from 1100	N/S Line N	Feet From 40	E/W Line W	County Lea
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE 2-26-16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	0	0	1720
<u>Flow Characteristics</u>					
Puff	Y/ <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y/N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	CO2 <input checked="" type="checkbox"/> X
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/> X
Surges	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y/N	<input checked="" type="radio"/> Y/N	<input checked="" type="radio"/> Y/N	<input checked="" type="radio"/> Y/N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	
Water	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	

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 <input checked="" type="checkbox"/>
Title: FSA	Re-test
E-mail Address: TZYR@Chevron.com	
Date: 2-26-16	Phone: 575-390-4449
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 14 2016