

MAR 14 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name CHEVRON <i>USA INC /</i>	API Number 30-025-02241 <i>/</i>
Property Name CENTRAL VACUUM UNIT <i>/</i>	Well No. 89 <i>/</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
P	36	17S	34E	660	S	660	E	LEA

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ	SWD	PRODUCER <input checked="" type="radio"/> OIL	GAS	DATE 2-17 -2016
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	N/A	N/A	210	400
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/N	CO2 <u>X</u>
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/N	WTR <u>X</u>
Surges	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/N	GAS <u> </u>
Down to nothing	<input checked="" type="radio"/> Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/N	Injected for
Water	Y/ <input checked="" type="radio"/> 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.

Signature: <i>Daniel Pace</i>	<i>BS 3/23/16</i>
Printed name: DANIEL PACE	OIL CONSERVATION DIVISION
Title: FIELD SPECIALIST A	Entered into RBDMS <i>BS</i>
E-mail Address: DQKB@CHEVRON.COM	Re-test
Date: 2-17 -2016	
Phone: 575-704-2365	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 24 2016