

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

MAR 14 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Justin Wall Chevron USA Inc</i>	API Number <i>3002530106</i>
Property Name <i>Trinity Burros Abo Unit</i>	Well No. <i>TBAU#21</i>

2. Surface Location

UL - Lot <i>23</i>	Section <i>12S</i>	Township <i>38E</i>	Range <i>38</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR ☒ INJ	SWD	PRODUCER OIL	GAS	DATE <i>2-25-16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure					<i>350</i>
Flow Characteristics					
Pull	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	CO2 ☐
Steady Flow	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	WTR ☒
Surges	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	GAS ☐
Down to nothing	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	Type of Fluid Injected for
Gas or Oil	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	Waterflood if applies
Water	<i>Y / ☒ N</i>	<i>Y / ☒ N</i>	<i>Y / N</i>	<i>Y / ☒ N</i>	

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

Will Have VAC. TRUCK Pull off water & do 24hr test

3-6-16 - Surge of WTR for 5sec.

Down to Nothing

~~FAIL~~

Signature: <i>Justin Wall</i>	<i>BS 3/24/16</i>
Printed name: <i>Justin Wall</i>	OIL CONSERVATION DIVISION
Title: <i>F-SA</i>	Entered into RBDMS <i>BS</i>
E-mail Address: <i>LJYK@chevron.com</i>	Re-test
Date: <i>2-25-16</i>	
Phone: <i>575 704 6224</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 25 2016