

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

HOBBS OCD

APR 27 2017

BRADENHEAD TEST REPORT

Operator Name <b>Chevron USA INC</b>	* API Number <b>30-025-2495</b>
Property Name <b>North Vacuum ABO West Unit</b>	Well No. <b>003</b>

7. Surface Location

UL - Lot <b>L</b>	Section <b>15</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>1980</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>Lea</b>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS	DATE <b>4-18-17</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>0</b>	<b>—</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Type of Fluid
Gas or Oil	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Injected for
Water	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	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.

Post workover MIT

Signature: <b>[Signature]</b>	OIL CONSERVATION DIVISION
Printed name: <b>EDDIE GARCIA</b>	Entered into RBDMS
Title: <b>SRPS</b>	Re-test
E-mail Address: <b>EDDIE@CHEVRON.COM</b>	
Date: <b>4-18-17</b>	Phone:
Witness: <b>Kerry Fortner-OCD</b>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM



