

3-19-18

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

HOBBS OCD

BRADENHEAD TEST REPORT

MAR 26 2018 RECEIVED	Operator Name CHEVRON <i>USA Inc</i>	API Number 30-025-32792
	Property Name CENTRAL VACUUM UNIT	Well No. 204

Surface Location

UL - Lot <i>E</i>	Section <i>16</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>1994</i>	N/S Line <i>N</i>	Feet From <i>1073</i>	E/W Line <i>W</i>	County LEA
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR INJ	PRODUCER GAS	DATE <i>3-6</i> - 2018
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>120</i>	<i>200</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 <i>X</i>
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR <i>X</i>
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS <i>—</i>
Down to nothing	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
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.

Signature: <i>Jameson Evans</i>	OIL CONSERVATION DIVISION
Printed name: JAMESON EVANS	Entered into RBDMS
Title: FIELD SPECIALIST A	Re-test
E-mail Address: LKKM@CHEVRON.COM	
Date: <i>3-6</i> - 2018	
Phone: 575-704-2467	
Witness: <i>Kerry Fort - OCD</i>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM