

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

BRADENHEAD TEST REPORT

Operator Name <i>Chevron</i>		*API Number <i>30-025-24322</i>
Property Name <i>Vacuum Grayburg</i>		Well No. <i>48</i>

7. Surface Location

UL - Lot <i>F</i>	Section <i>1</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>1330</i>	N/S Line <i>N</i>	Feet from <i>1330</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES <i>/</i> NO <i>0</i>	SHUT-IN YES NO <i>0</i>	INJECTOR <i>0</i> INJ SWD	OIL PRODUCER GAS	DATE <i>5/3/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>1900</i>
Flow Characteristics					
Puff	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	CO2 <i>—</i>
Steady Flow	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	WTR <i>—</i>
Surges	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	GAS <i>—</i>
Down to nothing	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	
Water	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	

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

HOBBS OCD

MAY 14 2018

RECEIVED

Signature: <i>Elyse Taylor</i>	OIL CONSERVATION DIVISION
Printed name: <i>Elyse Taylor</i>	Entered into RBDMS
Title: <i>SSIS</i>	Re-test
E-mail Address: <i>elyse@chevron.com</i>	
Date: <i>5/3/18</i>	
Phone: <i>575-441-4478</i>	
Witness: <i>Boone</i>	

INSTRUCTIONS ON BACK OF THIS FORM