

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>30-025-26788</i>
Property Name <i>CVU</i>	Well No. <i>144</i>

2. Surface Location

BL - Lot <i>B</i>	Section <i>6</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>35</i>	N/S Line <i>N</i>	Feet From <i>1330</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	---------------------	------------------------	---------------------	------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR ☒	SWD ☒	PRODUCER OIL ☒ GAS ☒	DATE <i>5/1/18</i>
---	---	---	--	---	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>φ</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<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 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.

HOBBS OCD
MAY 14 2018
RECEIVED

Signature: <i>Eddy Galt</i>	OIL CONSERVATION DIVISION
Printed name: <i>EDDY GALT</i>	Entered into RBDMS
Title: <i>SSPS</i>	Re-test <i>ms</i>
E-mail Address: <i>EDDY@CHEVRON.COM</i>	
Date: <i>5/1/18</i>	Phone: <i>575-441-4478</i>
Witness: <i>Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM