

District I  
 1625 N. Fresh Dr., Hobbs, NM 88249  
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**HOBBS OCD**

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

APR 24 2019

**BRADENHEAD TEST REPORT**

**RECEIVED**

Operator Name Chevron Midcontinent, LP		API Number 30-025-32905
Property Name Central Vacuum Unit		Well No 200

Surface Location

U.L. - Lat	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
C	6	19S	35E	649	N	2535	W	LCC

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SWD	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	3/19/19

**OBSERVED DATA**

	(A)Surf Interim	(B)Interim(1)	(C)Interim(2)	(D)Prod Case	(E)Tubing
Pressure	0			0	1789
<b>Flow Characteristics</b>					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR _____
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	<input checked="" type="checkbox"/> Y/N	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Waterflood

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

Signature: <i>Chris Perry</i>	<b>OIL CONSERVATION DIVISION</b>
Printed name:	Entered into RBDMS <i>[Signature]</i>
Title:	Re-test
E-mail Address:	
Date:	Phone: <i>[Signature]</i>
Witness: <i>[Signature]</i>	