

District I
1675 N. French Dr. Hobbs, NM 88240
Phone (505) 393-6161 Fax (505) 393-0120

HOBBES C-77

APR 29 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Chevron Midcontinent, LP	LPI Number 30-025-02286
Property Name West Vacuum Unit	Well No 044

2. Surface Location

CL - Lat	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
C	3	18S	34E	660	N	1980	W	Lea

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	<input checked="" type="radio"/> INJ <input type="radio"/> SWD	OIL <input type="radio"/> GAS <input type="radio"/>	4-1-19

OBSERVED DATA

	(A) Surf-Intern	(B) Intern#1	(C) Intern#2	(D) Prod Casing	(E) Tubing
Pressure	0	N/A	N/A	0	1275
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	If applicable type
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	fluid injected for
Water	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	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 Ferguson</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>RR</i>
E-mail Address:	
Date:	Witness: