

District 1
 1625 N French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

APR 29 2019

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name Chevron Midcontinent, LP		API Number 30-025-02254
Property Name Vacuum Grayburg San Andres Unit		Well No 027

Surface Location

U.I. - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
J	1	18S	34E	1980	S	1980	E	Lea

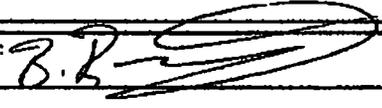
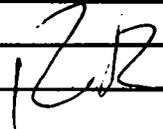
Well Status

<input checked="" type="checkbox"/> PROD Well <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SHUT-IN <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJECTOR <input type="checkbox"/> ENJ <input type="checkbox"/> SWD	<input checked="" type="checkbox"/> PRODUCER <input type="checkbox"/> GAS	D.V.C.F. 4/13/19
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OBSERVED DATA

	(A)Surf-Interm	(B)Interns(1)	(C)Interns(2)	(D)Prod Csm	(E)Tubing
Pressure	0	NA	NA	110	0
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	CO2 _____
Steady Flow	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	WTR _____
Surges	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	If applicable type
Gas or Oil	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	fluid injected for
Water	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/N	<input type="checkbox"/> Y/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: 	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
	Witness: