

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone (575) 391-6161 Fax (575) 391-0720

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 30-025-30756
Property Name Vacuum Grayburg San Andres Unit	Well No 140

Surface Location									
Qt. - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	2	18S	34E		1980	N	10	E	Lea

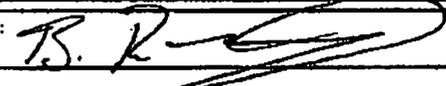
Well Status						DATE		
TA'D Well YES	<input checked="" type="checkbox"/> NO	SHUT-IN YES	<input checked="" type="checkbox"/> NO	INJECTOR INJ	SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	4/13/19

OBSERVED DATA

	(A) Surf/Interm	(B) Interm(1)	(C) Interm(2)	(D) Prod Conn	(E) Tubing
Pressure	0	NA	NA	140	0
<u>Flow Characteristics</u>					
Puff	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	CO2 _____
Steady Flow	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	WTR _____
Surges	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	If applicable type
Gas or Oil	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	fluid injected for
Water	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Waterflood

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

Waiting on Rig (Bad Pump)

Signature: 	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	RR
Date:	Phone
	Witness