

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

**HOBBS OCD**

**JUN 17 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 30-025-24064
Property Name North Vacuum ABO West Unit		Well No. 009

**Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	22	17S	34E	1874	S	766	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"/>	INJ <input type="radio"/> SWD <input type="radio"/>	<input checked="" type="radio"/> OIL <input type="radio"/> GAS	4/30/19

**OBSERVED DATA**

	(A) Surf-Interm	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure				30	245
Flow Characteristics		N/A	N/A		
Puff	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	WTR _____
Surges	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	GAS _____
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	fluid injected for
Water	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	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>Marques Fields</i>	OIL CONSERVATION DIVISION	
Printed name: Marques Fields	Entered into RBDMS	<i>[Signature]</i>
Title:	Re-test	
E-mail Address:		
Date:	Phone:	
	Witness:	