

District 1
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Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

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

JUN 11 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chevron Midcontinent, LP</i>	API Number <i>30-025-31807</i>
Property Name <i>Central Vacuum Unit</i>	Well No. <i>212</i>

2. Surface Location

UL - Lot <i>H</i>	Section <i>25</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1541</i>	N/S Line <i>N</i>	Feet From <i>181</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D Well ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☐ INJ ☐ SWD	PRODUCER ☒ OIL ☐ GAS	DATE <i>5-2-19</i>
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OBSERVED DATA

	(A)Surf Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Cmg	(E)Tublog
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR _____
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS _____
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

TA'D

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>[Signature]</i>
Title:	Re-test
E-mail Address:	
Date: <i>5-2-19</i>	Phone:
	Witness: