

AUG 13 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Charron</i>		API Number <i>3002531489</i>	
Property Name <i>West Dollanide Drinkard</i>			Well No. <i>WMD1122</i>

Surface Location									
UL Lot <i>K</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>30E</i>	Feet from <i>2055</i>	N/S Line <i>S</i>	Feet From <i>1981</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status									
TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES	NO	INJECTOR <input checked="" type="radio"/> NO	SWD	OIL	PRODUCER GAS	DATE <i>7/28/2015</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<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 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies.

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

Signature: <i>[Signature]</i>	<i>BS 8/28/2015</i>	
Printed name: <i>Austin Stringfellow</i>	OIL CONSERVATION DIVISION	
Title: <i>Field specialist</i>	Entered into RBDMS	
E-mail Address: <i>ETPI@charron.com</i>	Re-test	
Date: <i>7/28/2015</i>	Phone: <i>432-215-8802</i>	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

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