

HOBBS

MAR 28 2016

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

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chiron</i>	API Number <i>30-025-34264</i>
Property Name <i>Chambers Strawn</i>	Well No. <i>3</i>

7. Surface Location

UL - Lot	Section <i>8</i>	Township <i>16</i>	Range <i>36S</i>	Feet from <i>780</i>	N/S Line <i>S</i>	Feet From <i>1510</i>	E/W Line <i>W</i>	County <i>LJA</i>
----------	---------------------	-----------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	YES	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>3/17/16</i>
------------------	----	-----	---------------	-----	------------------------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>2</i>
Flow Characteristics				<i>slight vac</i>	
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

B8 4/1/16

Signature: <i>Debra Yelley</i>	OIL CONSERVATION DIVISION
Printed name: <i>Debra Yelley</i>	Entered into RBDMS <i>GB</i>
Title: <i>SSPS</i>	Re-test
E-mail Address: <i>Debra@chambers.com</i>	
Date: <i>3/17/16</i>	Phone: <i>575-602-8516</i>
Witness: <i>Bowe</i>	

APR 05 2016