

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

BRADENHEAD TEST REPORT

Operator Name <i>Chenon</i>	API Number <i>30-025-02286</i>
Property Name <i>West Vacuum Unit</i>	Well No. <i>44</i>

2. Surface Location

UL - Lot <i>C</i>	Section <i>3</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	---------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJ ☒	SWD ☒	OIL ☒	PRODUCER GAS ☒	DATE <i>4/26/18</i>
---	---	--	--	--	---	------------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod C'sng	(E) Tubing
Pressure	<i>4</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>400</i>
Flow Characteristics					
Pull	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	<i>N</i>	Y / N	Y / N	<i>N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	

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

Signature: <i>Eckze Gellie</i>	OIL CONSERVATION DIVISION
Printed name: <i>EIVA</i>	Entered into RBDMS
Title: <i>SS/PS</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>EIVA@CHENON.COM</i>	
Date: <i>4/26/18</i>	
Phone: <i>575-441-4498</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM