

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

APR 3 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Chewon</i>		API Number <i>30-025-26802</i>	
Property Name <i>CVU</i>		Well No. <i>121</i> ✓	

Surface Location

UL - Lot <i>N</i>	Section <i>6</i>	Township <i>18S</i>	Range <i>35E</i>	✓	Feet from <i>400</i>	N/S Line <i>5</i>	Feet From <i>2380</i>	E/W Line <i>W</i>	County <i>Lea</i> ✓
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Well Status

YES ☒ TA'D WELL	NO ☐	YES ☒ SHUT-IN	NO ☐	INJ ☒ INJECTOR	SWD ☐	OIL ☐ PRODUCER	GAS ☐	DATE <i>3/23/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>6</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>900</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>	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 4/8/2015

Signature: <i>Chewon</i>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>3/23/15</i>	Phone: <i>3904449</i>		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015