

HOBBS OCE

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

APR 3 2015

BRADENHEAD TEST REPORT

Operator Name <i>Cherna</i>	Well No. <i>30-025-26001</i>
Property Name <i>CJU</i>	Well No. <i>141</i>

1. Surface Location

UL - Lot <i>m</i>	Section <i>36</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>✓</i>	N/S Line <i>S</i>	Feet From <i>1310</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR NO	SWD	PRODUCER OIL	GAS	DATE <i>4/1/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>N/A</i>	<i>φ</i>	<i>1500</i>
Flow Characteristics					
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>—</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.

BS 4/8/2015

Signature: <i>[Signature]</i> <i>Cherna</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/1/15</i>	Phone: <i>3904449</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015