

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>Chiron</i>	API Number <i>30-025-25815</i>
Property Name <i>CVU</i>	Well No. <i>27</i>

1. Surface Location

UL - Lot <i>J</i>	Section <i>25</i>	Township <i>17S</i>	Range <i>34</i>	Feet from <i>1330</i>	N/S Line <i>S</i>	Feet from <i>1425</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ 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 Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>1800</i>
Flow Characteristics					
Pull	<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 if waterflooded 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.

FOR RECORD ONLY

B8 4/8/2015

Signature: <i>Chiron</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/1/15</i>	Phone: <i>390-4449</i>
Witness: <i>Jay</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 04 2015