

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

BRADENHEAD TEST REPORT

Operator Name <i>Chenon USA Inc</i>	API Number <i>30-025 33587</i>
Property Name <i>West Vacuum</i>	Well No. <i>56</i>

Surface Location									
UL - Lot <i>0</i>	Section <i>34</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>100</i>	N/S Line <i>S</i>	Feet From <i>2450</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status									
TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>4/10/15</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>0</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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies

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

N/A Well

FOR RECORD ONLY

BS 4/21/2015

Signature: <i>Cedye Gallegos</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/10/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 04 2015

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