

JUN 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Chyron</i>	API Number <i>30-025-02274</i>
Property Name <i>WCSAJ</i>	Well No. <i>#9</i>

Surface Location

1/4 - Lot <i>P</i>	Section <i>22</i>	Township <i>18S</i>	Range <i>34E</i>	Feet From <i>0000</i>	N/S Line <i>S</i>	Feet From <i>0000</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	INJ	INJECTOR SWD	☒ PROD	PRODUCER GAS	DATE <i>5-28-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>10</i>	<i>100</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
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>	Water shed if applies

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

Bl 7/1/2015

Signature <i>Austin Pogue</i>	OIL CONSERVATION DIVISION
Printed name: <i>Austin Pogue</i>	Entered into RBDMS
Title: <i>FSA</i>	Re-test
Email Address: <i>ctym@chyron.com</i>	
Date: <i>5-28-15</i>	Phone: <i>575 513 0363</i>

JUL 15 2015

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