

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

JUN 19 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Churon</i>	API Number <i>30-025-82026</i>
Property Name <i>VL3AD</i>	Well No. <i>1264</i>

2. Surface Location

U.T. Lot <i>L</i>	Section <i>01</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>1900</i>	NS Line <i>NS</i>	Feet from <i>1308</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

YES	TVD WELL <i>YES</i>	YES	SHUT-IN <i>NO</i>	INJ	INJECTOR <i>NO</i>	SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>5-27-15</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>NA</i>	<i>NA</i>	<i>50</i>	<i>350</i>
Flow Characteristics					
Puff	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	CO2 ☐
Steady Flow	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	WTR ☐
Surges	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	GAS ☐
Down to nothing	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	Type of fluid injected for Waterflood if applies
Gas or Oil	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	
Water	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	

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

BS 4/30/2015

Signature

[Signature]

Printed name

Anstine Pogue

Title

FSA

Email Address

etymackevon.com

Date

5-27-15

Phone

575-513-0363

Supervisor

OIL CONSERVATION DIVISION

Entered into RBDMS

Re-test

JUL 15 2015