

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>Chercon</i>	API Number <i>30-025-38639</i>
Property Name <i>Central Vacum Unit</i>	Well No. <i>457 -</i>

2 Surface Location

Section <i>C7</i>	Section <i>36</i>	Township <i>T17S</i>	Range <i>R34E</i>	Feet from <i>1593</i>	N S Line <i>N</i>	Feet from <i>1912</i>	E W Line <i>E</i>	County <i>LBA</i>
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Well Status

TAB WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>5/29/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	ϕ	<i>N/A</i>	<i>N/A</i>	ϕ	<i>150</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 <i>X</i>
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>	Waterfall if applies

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

BB 7/1/2015

Signature: <i>Ellye Gellge</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ellye Gellge</i>	Entered into RBDMS
Title: <i>SSPS</i>	Re-test
E-mail Address: <i>ellye@chercon.com</i>	
Date: <i>5/29/15</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 23 2015