

HOBBS OCD

AUG 13 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cherren USA Inc</i>		API Number <i>30 025 12315 12317</i>	
Property Name <i>Dollarhide West Dollarhide Drinkard</i>		Well No. <i>WDD4 89</i>	

Surface Location

UL - Lot <i>0</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1830</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒	SHUT-IN YES ☒	INJECTOR ☒	PRODUCER OIL ☒	GAS ☐	DATE <i>7/28/2015</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>0</i>	<i>0</i>	<i>1250</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.

Signature: <i>Austin Stringfellow</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Austin Stringfellow</i>		Entered into RBDMS	
Title: <i>Field specialist</i>		Re-test	
E-mail Address: <i>ETTL@Cherren.com</i>			
Date: <i>7/28/2015</i>	Phone: <i>932-215-8802</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

AUG 31 2015