

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>Chukon USA Inc</i>	API Number <i>30-025-12382</i>
Property Name <i>W. PDU</i>	Well No. <i>84</i>

2. Surface Location

UL - Lot <i>H</i>	Section <i>5</i>	Township <i>25S</i>	Range <i>38E</i>	Feet from <i>1656</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>2TA</i>
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Well-Status

TA'D WELL <i>YES</i>	NO	YES	SHUT-IN NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER	GAS	DATE <i>8/3/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Ø/N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Per regulatory Specialist well is TA'd
C103 and pressure test will be submitted.

PS 8/28/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/3/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 31 2015