

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

AUG 13 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>/Cherren</i>				API Number <i>3002532015</i>				
Property Name <i>Dollachide West Dollarnide Drinkard</i>				Well No. <i>6-004 130</i>				
7. Surface Location								
UL - Lot <i>A</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>2000</i>	N/S Line <i>N</i>	Feet From <i>1900</i>	E/W Line <i>E</i>	County <i>Lea</i>
Well Status								
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL PRODUCER GAS	DATE <i>7/28/2015</i>	

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>1450 psi</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>X</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>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>		<i>BS 8/28/2015</i> OIL CONSERVATION DIVISION	
Printed name: <i>Austin Stringfellow</i>		Entered into RBDMS	
Title: <i>Field specialist</i>		Re-test	
E-mail Address: <i>ETVL@cherren.com</i>			
Date: <i>7/28/2015</i>	Phone: <i>432-215-8802</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

AUG 31 2015