

HOBBS OCD

NOV 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>Chi Operating Inc</i>	*API Number <i>30-025-39007</i>
Property Name <i>Sunrise 25 State</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>25</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>495</i>	N/S Line <i>N</i>	Feet From <i>691</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN ☒ YES	NO	INJ	INJECTOR SWD	☒ OIL	PRODUCER GAS	DATE <i>7-15-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure		<i>0</i>		<i>560</i>	<i>200</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ___
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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>Shuan Morgan</i>	<i>B8 11/13/2015</i> OIL CONSERVATION DIVISION
Printed name: <i>Shuan Morgan</i>	Entered into RBDMS <i>B8</i>
Title: <i>Pumper</i>	Re-test
E-mail Address: <i>shuanm@hotmail.com</i>	
Date:	Phone:
Witness: <i>Bel Hernandez</i>	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 18 2015