

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cherron USA</i>		API Number <i>30-025-22841</i> ✓
Property Name <i>Quail Queen Unit</i>		Well No. <i># 12</i> ✓

Surface Location

UL - Lot <i>G</i>	Section <i>11</i>	Township <i>19S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>1980</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	INJECTOR ☒ INJ ☐ SWD	OIL PRODUCER ☐ OIL ☐ GAS	DATE <i>8-3-17</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</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>Braxton Batts</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Braxton Batts</i>		Entered into RBDMS	
Title: <i>PS</i>		Re-test <i>[Signature]</i>	
E-mail Address: <i>batts@cherron.com</i>			
Date: <i>8/3/17</i>	Phone: <i>432-553-3104</i>		
Witness: <i>Lucy Robinson</i>			
		<i>399-3220</i>	

INSTRUCTIONS ON BACK OF THIS FORM