

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

Rec'd 9-25-19

BRADENHEAD TEST REPORT

Operator Name <i>Chi Operating</i>		API Number <i>30-025-35007</i>	
Property Name <i>Sunrise ST 25</i>		Well No. <i>#1</i>	

1. Surface Location

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

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ	INJECTOR SWD	<i>OIL</i>	PRODUCER GAS	DATE <i>10-25-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>/</i>	<i>/</i>	<i>/</i>	<i>30</i>	<i>35</i>
Flow Characteristics					
Puff	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.

Well selling gas at both. + flowing - permitted.

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness:	<i>Stan Poluse</i>		

INSTRUCTIONS ON BACK OF THIS FORM