

HOBBS OCD

JUN 16 2020

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Chesron</i>	API Number <i>3002512279</i>
Property Name <i>Wolf Dellanhead Drilled</i>	Well No <i>51</i>

1. Surface Location

UL - Lot <i>H0</i>	Section <i>31</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>2310</i>	NS Line <i>N</i>	Feet From <i>330</i>	EAV Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ ☒	SWD	OIL	PRODUCER GAS	DATE <i>5/8/2020</i>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod. Casing	(E) Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>1500</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 WTR GAS Type of Fluid Isolated for Waterflood if applied
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
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.

Name: *Bryan Murdock*
 Title: *ALCR/WSM*
 Email:
 Date: *4/23/2020* *5/20/2020*
 Phone Number: *432-270-8093*

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

INSTRUCTIONS ON BACK OF THIS FORM

