

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

BRADENHEAD TEST REPORT

Operator Name COG Operating API Number 30-025-41208  
Property Name Antail 3 Fed. SWD Well No. #1

Surface Location

UL - Lot <u>J</u>	Section <u>3</u>	Township <u>26S</u>	Range <u>32E</u>	Feet from <u>2500</u>	N/S Line <u>S</u>	Feet From <u>1400</u>	E/W Line <u>E</u>	County <u>LEA</u>
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	SHUT-IN NO <input type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <u>12-5-18</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>0</u>	<u>0</u>	<u>N/A</u>	<u>0</u>	<u>110</u>
Flow Characteristics					
Pull	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<u>ms</u>
Date:	Witness: <u>Larry Robinson</u>

INSTRUCTIONS ON BACK OF THIS FORM

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.****SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH SWD		5. Lease Serial No. NMNM120910
2. Name of Operator COG OPERATING LLC Contact: DEBORA WILBOURN E-Mail: dwilbourn@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN STREE ARTESIA, NM 88210-3720	3b. Phone No. (include area code) Ph: 575-748-6958	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T26S R32E Mer NMP NWSE 2500FSL 1400FEL		8. Well Name and No. PINTAIL 3 FEDERAL SWD 1
		9. API Well No. 30-025-41208
		10. Field and Pool or Exploratory Area SWD
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

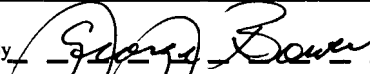
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/26/18 - 12/6/18

MIRU to pull 4 ?? tbg string. All tbg appeared to be in good shape. ID had significant scale build up. Sent tbg to CLS for inspection and repair. PU and RIH w/?? x 3.5? AS1-X NP Corvel pkr & pmp out plug. NP O/O tool on 136 jts reconditioned 4 ?? 11.6# P110 BTS GlassBore injection tbg. Install SS 4 12? BTS pin x pin nipple & tbg hanger. Set pkr @5671.76? in 30 pts compression. Tst csg to 500# for 15 min. OK. Release O/O tool. Park 2? abv pkr. Displace hole w/200 bbls FW containing pkr fluid & corrosion inhibitors. Latch onto pkr. Tst csg to 500# for 10 min. OK. SI tbg. MO WSU. Tst csg to 590# f/30 min. SITP remained @110#. Chart MIT tst. Test good ? no gain or loss. NMOCD representative, Gary Robison witnessed tst. BLM did not witness. Return SWD to service.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #447723 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs</b>	
Name (Printed/Typed) BRIAN COLLINS	Title FACILITIES ENGINEERING ADVISOR
Signature (Electronic Submission)	Date 12/13/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By 	Title Compliance Supervisor	Date 12/17/18
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***