

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

Operator Name <b>ConocoPhillips Company</b>	API Number <b>3002528829</b>
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Well Name <b>PHILMEX</b>	Well No <b>018</b>
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**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
C	36	17S	33E	660	N	1980	W	LEA

**Well Status**

TA'D WELL	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<del>INJECTOR</del>	<del>SWD</del>	PRODUCER	GAS <input checked="" type="checkbox"/>	DATE	<b>3-18-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	Ø	/	/	Ø	250
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR ___
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS ___
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Down to Nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	

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

Signature: <i>[Signature]</i>	<b>OIL CONSERVATION DIVISION</b>
Print name: <i>Isaac Solover</i>	Entered in RBDMS
Title: <i>M80</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Christopher.Solover@Contractor.com</i>	
Date:	Phone:
	Witness: <i>Will [Signature]</i>