

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

BRADENHEAD TEST REPORT

Operator Name COG Operating APT Number 30-025-24051
Property Name STATE K Well No. #3

Surface Location

UL - Lot <u>P</u>	Section <u>19</u>	Township <u>17S</u>	Range <u>35E</u>	Feet from <u>660</u>	N/S Line <u>S</u>	Feet from <u>660</u>	E/W Line <u>E</u>	County <u>LEA</u>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE <u>7-26-2018</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>✓</u>	<u>✓</u>	<u>26</u>	<u>80</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u> </u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u> </u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u> </u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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: <u>Hilario Jimenez</u>	OIL CONSERVATION DIVISION
Printed name: <u>Hilario Jimenez</u>	Entered into RBDMS
Title: <u>SWD Foreman</u>	Re-test <u> </u>
E-mail Address: <u>HJimenez@ConchoResources.com</u>	
Date: <u>7/26/2018</u>	
Phone: <u>432-260-5194</u>	
Witness: <u> </u>	