

HOBBSOCD

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

APR 1 2015

BRADENHEAD TEST REPORT

Operator Name <i>COG</i>	API Number <i>30-025-38600</i>
Property Name <i>PICK # SWD</i>	Well No. <i>2</i>

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>5</i>	<i>23</i>	<i>18S</i>	<i>33E</i>	<i>2310</i>	<i>S</i>	<i>2310</i>	<i>E</i>	<i>L.A.</i>

Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJ INJECTOR ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐	DATE <i>3/26/15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for Warranty if applies
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.

FOR RECORD ONLY

BS 4/01/2015

Signature:	OIL CONSERVATION DIVISION
Printed name: <i>Zane Hodges</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>3 26 15</i>	Phone: <i>575 513 2371</i>
Witness: <i>Zane Hodges</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 01 2015