

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

HOBBS OCD

MAR 26 2015

BRADENHEAD TEST REPORT

Operator Name <i>Cog</i>	API Number <i>30-025-10890</i>
Property Name <i>Gunner 16 st. SW</i>	Well No. <i>1</i>

Surface Location									
UL - Lot <i>D</i>	Section <i>16</i>	Township <i>16S</i>	Range <i>34E</i>		Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ.	SWD	PRODUCER OIL	GAS	DATE <i>3/25/15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>850</i>
Flow Characteristics					
Puff	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	CO2 ___
Steady Flow	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	WTR ___
Surges	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	GAS ___
Down to nothing	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	
Water	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</i>	Y / N <i>Y</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 3/31/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>3/25/15</i>	Phone:
Witness: <i>George Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 01 2015