

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

MAR 26 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                            |                                   |
|--------------------------------------------|-----------------------------------|
| Operator Name<br><b>COG</b>                | API Number<br><b>30-025-41208</b> |
| Property Name<br><b>Pinta: 1 3 Fed SWP</b> | Well No.<br><b>1</b>              |

7. Surface Location

|                      |                     |                        |                     |                          |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>J</b> | Section<br><b>3</b> | Township<br><b>24S</b> | Range<br><b>32E</b> | Feet from<br><b>2500</b> | N/S Line<br><b>S</b> | Feet From<br><b>1400</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                      |                                                      |                        |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ <input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><b>3/25/15</b> |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <b>0</b>   | <b>2/A</b>   | <b>2/A</b>   | <b>0</b>    | <b>550</b>                              |
| Flow Characteristics |            |              |              |             |                                         |
| Pull                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Type of Fluid                           |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Injected for                            |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | 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.

FOR RECORD ONLY

**BL 3/31/2015**

|                             |                           |
|-----------------------------|---------------------------|
| Signature:                  | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date: <b>3/25/15</b>        | Phone:                    |
| Witness: <b>[Signature]</b> |                           |

INSTRUCTIONS ON BACK OF THIS FORM

MAY 01 2015