

NOV 24 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cog</i>	* API Number <i>30-025-41525</i>
Property Name <i>North Lusk 32 St. SW</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>32</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>1500</i>	N/S Line <i>S</i>	Feet From <i>1800</i>	E/W Line <i>N</i>	County <i>L.A.</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	INJ INJ <input checked="" type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input checked="" type="radio"/>	DATE <i>11/20/15</i>
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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>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

*Initial TEST*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>11/20/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 14 2015