



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

BRADENHEAD TEST REPORT

Operator Name <b>C.O.G. Operating</b>	API Number <b>30-025-24051</b>
Property Name <b>State K</b>	Well No. <b>3</b>

Surface Location

UL Lot <b>P</b>	Section <b>19</b>	Township <b>17S</b>	Range <b>35 E</b>	Feet from <b>660</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>E</b>	County <b>Lea</b>
--------------------	----------------------	------------------------	----------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ	SWD	PRODUCER <input checked="" type="radio"/> OIL	GAS	DATE <b>2/11/16</b>
--	--	-----------------	-----	--	-----	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<b>0</b>			<b>26</b>	<b>80</b>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	WTR ___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	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: <b>Stephen Pinson</b>	OIL CONSERVATION DIVISION
Printed name: <b>Stephen Pinson</b>	Entered into RBDMS <b>CF</b>
Title: <b>SWD Pumper</b>	Re-test
E-mail Address:	
Date: <b>2/11/16</b>	Phone: <b>575-707-0956</b>
Witness: <b>Carol Thomas</b>	

In  
C.F.

FEB 12 2016