

**HOBBS OCD**

FEB 11 2016

RECEIVED

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>30-025-33395</b>
Property Name <b>State BG Com</b>	Well No. <b>1</b>

7. Surface Location

U/L - Lot <b>B</b>	Section <b>19</b>	Township <b>17S</b>	Range <b>35E</b>	Feet from <b>990</b>	N/S Line <b>N</b>	Feet From <b>2310</b>	E/W Line <b>E</b>	County <b>Lea</b>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<b>140</b>	<b>50</b>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <b>Steph Pinson</b>	OIL CONSERVATION DIVISION
Printed name: <b>Steph 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>575-703-0956</b>
Witness: <b>Carl Flowers</b>	

In  
C.F.

FEB 12 2016