

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

BRADENHEAD TEST REPORT

Operator Name COG Operating INC	API Number 30-025-23155
Property Name PAN AM Fed 25 SWD	Well No. 001

7. Surface Location

UL - Lot L	Section 25	Township 25S	Range 33E	Feet from 1980	N/S Line S	Feet From 660	E/W Line W	County Lea
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 7-11-17
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	—	0	0
Flow Characteristics					NOT Int
Puff	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	CO2 Int
Steady Flow	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	WTR —
Surges	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	GAS —
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	Injected for
Water	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	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.

NOT connected
NOT Injecting *into*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test MS
E-mail Address:	
Date: 7-11-17	Phone:
Witness: Kerry Fortner - OCD	
399-3221	

INSTRUCTIONS ON BACK OF THIS FORM