

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

BRADENHEAD TEST REPORT

Operator Name <i>CML</i>		API Number <i>30-025-38348</i>
Property Name <i>Cooper 24 Fed Com</i>		Well No. <i>2</i>

7. Surface Location

VL - Lot <i>I</i>	Section <i>24</i>	Township <i>17S</i>	Range <i>32E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>810</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL <i>YES</i>	NO	YES	SHUT-IN NO	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER GAS	DATE <i>10/11/17</i>
-------------------------	----	-----	---------------	-----	------------------------	-----	-----------------	-------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</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 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Jordan Owens</i>		OIL CONSERVATION DIVISION
Printed name: <i>Jordan Owens</i>		Entered into RBDMS
Title: <i>Engineer</i>		Re-test
E-mail Address: <i>owensj@cml-exp.com</i>		
Date: <i>10/11/17</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM