

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

BRADENHEAD TEST REPORT

HOBBS OGD  
 DEC 17 2018  
 RECEIVED

Operator Name <i>COG Operating</i>	API Number <i>30-025-41208 -</i>
Property Name <i>Antail 3 Fed. SWD</i>	Well No. <i>#1 -</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>J</i>	<i>3</i>	<i>26S</i>	<i>32E</i>	<i>2500</i>	<i>S</i>	<i>1400</i>	<i>E</i>	<i>LEA</i>	

Well Status						DATE
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER			
YES	NO	YES	NO	INJ	<i>SWD</i>	OIL
						GAS
						<i>12-5-18 -</i>

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>110</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 checked="" 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>N/N</i>	<i>N/N</i>	<i>Y/N</i>	<i>N/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.

Post Workover

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>JMB</i>
Date:	Phone:
Witness: <i>Larry Johnson</i>	

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM120910

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

8. Well Name and No.  
PINTAIL 3 FEDERAL SWD 1

9. API Well No.  
30-025-41208

10. Field and Pool or Exploratory Area  
SWD

11. County or Parish, State  
LEA COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other: UNKNOWN OTH SWD

2. Name of Operator  
COG OPERATING LLC  
Contact: DEBORA WILBOURN  
E-Mail: dwilbourn@concho.com

3a. Address  
2208 WEST MAIN STREE  
ARTESIA, NM 88210-3720

3b. Phone No. (include area code)  
Ph: 575-748-6958

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 3 T26S R32E Mer NMP NWSE 2500FSL 1400FEL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/26/18 - 12/6/18

MIRU to pull 4 ?? tbg string. All tbg appeared to be in good shape. ID had significant scale build up. Sent tbg to CLS for inspection and repair. PU and RIH w/?? x 3.5? AS1-X NP Corvel pkr & pmp out plug. NP O/O tool on 136 jts reconditioned 4 ?? 11.6# P110 BTS GlassBore injection tbg. Install SS 4 12? BTS pin x pin nipple & tbg hanger. Set pkr @5671.76? in 30 pts compression. Tst csg to 500# for 15 min. OK. Release O/O tool. Park 2? abv pkr. Displace hole w/200 bbls FW containing pkr fluid & corrosion inhibitors. Latch onto pkr. Tst csg to 500# for 10 min. OK. SI tbg. MO WSU. Tst csg to 590# f/30 min. SITP remained @110#. Chart MIT tst. Test good ? no gain or loss. NMOCD representative, Gary Robison witnessed tst. BLM did not witness. Return SWD to service.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #447723 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) BRIAN COLLINS Title FACILITIES ENGINEERING ADVISOR

Signature (Electronic Submission) Date 12/13/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By [Signature] Title Compliance Supervisor Date 12/17/18

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***