

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy USA</i>	API Number <i>30-025-35961</i>
Property Name <i>Coumco State</i>	Well No. <i>3</i>

1. Surface Location

UL - Lot <i>J</i>	Section <i>33</i>	Township <i>18-S</i>	Range <i>38-E</i>	Feet from <i>2110</i>	N/S Line <i>South</i>	Feet From <i>2055</i>	E/W Line <i>East</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJ ☐ INJ ☐ SWD	PRODUCER ☐ OIL ☒ GAS	DATE <i>4-12-19</i>
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>100</i>	<i>NONE</i>
Flow Characteristics					
Puff	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	CO2 ☐
Steady Flow	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	WTR ☐
Surges	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	GAS ☐
Down to nothing	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	
Water	☒ Y ☐ N	☐ Y ☐ 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: <i>Mandy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: <i>MANDY JOHNSON</i>	Entered into RBDMS <i>MP</i>
Title: <i>ADMIN. ASST.</i>	Re-test
E-mail Address: <i>MANDY_JOHNSON@OXY.COM</i>	
Date: <i>APR 26 2019</i>	
Phone: <i>806-597-6080</i>	
Witness: <i>Mandy Johnson</i>	

INSTRUCTIONS ON BACK OF THIS FORM