

Disdel
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

OCT 22 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>COG OPERATING</i>	API Number <i>30-025-35244</i>
Property Name <i>LUK DEEP UNIT A</i>	Well No. <i>#19</i>

1. Surface Location

UT. - Lot <i>N</i>	Section <i>17</i>	Township <i>19S</i>	Range <i>72E</i>	Feet from <i>660</i>	N/S Line <i>7</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	NO	INJ	INJECTOR ☒ SWD	OIL	PRODUCER GAS	DATE <i>10-10-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
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
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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.

COG - Conceded failure - plugging well as per Josh.

Failed m i t

Signature: <i>Dwain Virden</i>	OIL CONSERVATION DIVISION
Printed name: <i>Dwain Virden</i>	Entered into RBDMS
Title: <i>Asst SWD Foreman</i>	Re-test
E-mail Address: <i>mvirden@concho.co</i>	
Date: <i>10-10-19</i>	Phone: <i>575-706-905</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM