

11:00 A.M.

District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 392-6181 Fax: (575) 392-6729

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

BRADENHEAD TEST REPORT

Operator Name CML Exploration		API Number 30-025-36942
Property Name Duncan 32 State		Well No. 1

1. Surface Location

UL - Lpt	Section	Township	Range	Feet from	N-S Line	Feet From	E/W Line	County
H	32	17S	34E	2245	N	660	E	Lea

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE 6/4/20
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing	
Pressure	0 PSI	0 PSI		0 PSI	40 PSI	
<u>Flow Characteristics</u>					CO2 WTR — GAS — Type of fluid Inj or Prod or other	
Puff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		
Steady Flow	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		
Surges	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		
Down to nothing	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		
Gas or Oil	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		
Water	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> <input checked="" type="checkbox"/> N		

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

SURFACE - 0 PSI (Puff)
INTERM - 0 PSI
5 1/2" PROD - 0 PSI
2 7/8" TUBING 40 PSI

HOBBS OCD

JUN 16 2020

RECEIVED

Signature: <i>Laney Ashworth</i>	OIL CONSERVATION DIVISION
Printed name: LANEY ASHWORTH	Entered into RBDMS
Title: Production Foreman	Re-test: <i>[Signature]</i>
E-mail Address: ashworthl@cmlexp.com	
Date: 6/4/20	Phone: 325-574-6296
Witness: None	

INSTRUCTIONS ON BACK OF THIS FORM