

DEC 01 2015

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

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

BRADENHEAD TEST REPORT

Operator Name <i>Lesacy Reserves Operations LP</i>	API Number <i>3002510611</i>
Property Name <i>SPAV</i>	Well No. <i>23</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>F</i>	<i>3</i>	<i>23S</i>	<i>37E</i>	<i>1980</i>	<i>N</i>	<i>1980</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL	YES	SHUT-IN	YES	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>					<i>6/17/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>1600</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	Type of fluid injected for Waterflood if applies
Gas or Oil	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	
Water	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	

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

A, B Gas

Signature: <i>Steve Ditt</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Ditt</i>	Entered into RBDMS <i>BS</i>
Title: <i>Well Tech</i>	Re-test
E-mail Address:	
Date: <i>8/28/15</i>	Phone: <i>432 312 4757</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015