

HOBBS OCD

MAY 10 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>LEGACY RESERVOIRS</i>		API Number <i>30-025-05026</i>	
Property Name <i>PERDUE STATE B-5</i>		Well No. <i>1</i>	

UL - Lot <i>I</i>	Section <i>35</i>	Township <i>17-S</i>	Range <i>35-E</i>	Feet from <i>2310</i>	N/S Line <i>5</i>	Feet From <i>990</i>	E/W Line <i>6</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☐ SWD ☐	PRODUCER ☒ OIL ☐ GAS	DATE <i>4-22-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>X</i>			<i>X</i>	<i>X</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.

Well down for Re-tests

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>4-22-19</i>	Phone:		
Witness: <i>R. J. Rickman</i>			

INSTRUCTIONS ON BACK OF THIS FORM