

NOV 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reservoir Operations</i>	*API Number <i>3002526406</i>
Property Name <i>Jal Mat Yates Unit</i>	Well No. <i>19</i>

2. Surface Location

UL - Lot <i>C</i>	Section <i>18</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>1300</i>	N/S Line <i>N</i>	Feet From <i>1350</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 ☒	INJECTOR ☒ (NJ)	SWD	OIL	PRODUCER GAS	DATE <i>7/9/15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>455</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

A.D Gas

B8 11/19/2015

Signature: <i>Steven D. Hagan</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven D. Hagan</i>	Entered into RBDMS <i>B8</i>
Title: <i>Well Tech</i>	Re-test
E-mail Address:	
Date: <i>8/15/15</i>	Phone: <i>432 312 4757</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 23 2015