

HOBBS OCD

DEC 01 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Lesacy Reservoir Corporation LP</i>	* API Number <i>3002524685</i>
Property Name <i>SP4V</i>	Well No. <i>63</i>

² Surface Location

UL - Lot <i>M</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1310</i>	N/S Line <i>S</i>	Feet From <i>1310</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	---------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR SWD ☐	OIL ☒	PRODUCER GAS ☐	DATE <i>6/17/15</i>
--	--	------------------------------	---------------------------------------	--------------------------------------	---------------------------------------	------------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>8</i>			<i>45</i>	<i>45</i>
Flow Characteristics					
Pull	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

A. Sas

Signature: <i>Steve Dittin</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Dittin</i>	Entered into RBDMS
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 09 2015

*I-2
RBDMS
Gmp*