

HOBBS OCD

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

DEC 01 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Lesacy Reservoir Operation LP</i>	*API Number <i>3002510618</i>
Property Name <i>SPAV</i>	Well No. <i>20</i>

2. Surface Location

UL - Lot <i>6</i>	Section <i>4</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	<i>(NO)</i>	SHUT-IN YES	<i>(NO)</i>	INJ	INJECTOR SWD	<i>(OIL)</i>	PRODUCER GAS	DATE <i>6/17/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>50</i>	<i>50</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 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 - Gas

B8 12/9/15

Signature: <i>Steve Dittus</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Dittus</i>	Entered into RBDMS <i>B8</i>
Title: <i>Well Tech</i>	Re-test
E-mail Address:	
Date: <i>8/28/15</i>	Phone: <i>472 712 4757</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015