

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 <u>Lesary Reservoir Operation LP</u>	API Number <u>3002510625</u>
Property Name <u>SPAV</u>	Well No. <u>16</u>

Surface Location

UL - Lot <u>A</u>	Section <u>4</u>	Township <u>23S</u>	Range <u>37E</u>	Feet from <u>660</u>	N/S Line <u>N</u>	Feet from <u>660</u>	E/W Line <u>E</u>	County <u>Leq</u>
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Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>8</u>			<u>40</u>	<u>40</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>---</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>---</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>---</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

A. Gas

BS 12/9/15

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

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015