

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>3002510696</u>
Property Name <u>SPXU</u>	Well No. <u>51</u>

2. Surface Location

UL, Lat <u>6</u>	Section <u>10</u>	Township <u>23S</u>	Range <u>37E</u>	Feet from <u>1980</u>	N/S Line <u>N</u>	Feet From <u>1980</u>	E/W Line <u>E</u>	County <u>Leq</u>
---------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>Q</u>	<u>Q</u>		<u>50</u>	<u>50</u>
Flow Characteristics					
Pull	☒ 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.

A.B 9 9.5

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

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015