

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 Reserve Operations LP</i>	API Number <i>3002533718</i>
Property Name <i>SPAV</i>	Well No. <i>14</i>

Surface Location

UL - Lot <i>C</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>720</i>	N/S Line <i>N</i>	Feet From <i>2020</i>	E/W Line <i>W</i>	County <i>Leq</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>40</i>	<i>40</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 applicable.
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.

Signature: <i>Steve D. H.</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve D. H.</i>	Entered into RBDMS <i>BS</i>
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 11 2015