

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 Operations LP</i>		API Number <i>3002510607</i>	
Property Name <i>SPAUV</i>		Well No. <i>27</i>	

2. Surface Location

UL - Lot <i>K</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet from <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cons	(E) Tubing
Pressure	<i>0</i>			<i>475</i>	<i>—</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected the 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

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Steve [Name]</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