

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 Operation LP</i>	*API Number <i>3002510609</i>
Property Name <i>SP4V</i>	Well No. <i>37</i>

2. Surface Location

UL - Lot <i>M</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	---------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>2</i>			<i>60</i>	<i>60</i>
Flow Characteristics					
Puff	☒ 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
Gas or Oil	☒ Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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

A. 995

Signature: <i>Steve Dalton</i>	OIL CONSERVATION DIVISION	
Printed name: <i>Steve Dalton</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>422 312 4757</i>	
	Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015