

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

DEC 01 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Lesage Reservoir Operation LP</u>	API Number <u>3002510620</u>
Property Name <u>SP4U</u>	Well No. <u>36</u>

2. Surface Location

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

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<u>0</u>	<u>0</u>		<u>0</u>	<u>1750</u>
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 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 Gas

BS 12/9/15

Signature: <u>Steve Pytko</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven Pytko</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>472 312 4757</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015