



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

BRADENHEAD TEST REPORT

Operator Name <i>Lesacy Reserver Operations LP</i>		*API Number <i>3002527176</i>
Property Name <i>J. H. McClure</i>		Well No. <i>92</i>

2. Surface Location

UL - Lot <i>I</i>	Section <i>19</i>	Township <i>24N</i>	Range <i>38E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ	INJECTOR SWD	☒ OIL	PRODUCER GAS	DATE
--	--	-----	-----------------	--------------------------------------	-----------------	------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
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.

P/A
In the process of being plugged.

Signature: <i>Steve D. Hae...</i>		<i>B8 1/7/16</i>	
Printed name: <i>Steve D. Hae...</i>		OIL CONSERVATION DIVISION	
Title: <i>Well Tech</i>		Entered into RBDMS	
E-mail Address:		Re-test	
Date: <i>12/8/15</i>	Phone:		
	Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

JAN 07 2016