



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

BRADENHEAD TEST REPORT

Operator Name <i>Lesacy Reserves Operations LP</i>	* API Number <i>3002523617</i>
Property Name <i>LMPSV</i>	Well No. <i>262</i>

2. Surface Location

UL Lot <i>6</i>	Section <i>28</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>1650</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csmg	(E) Tubing
Pressure	<i>50</i>			<i>50</i>	<i>50</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 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 - gas

Signature: <i>Steve Dittman</i>	<i>BS 11/12/16</i> OIL CONSERVATION DIVISION
Printed name: <i>Steve Dittman</i>	Entered into RBDMS <i>BS</i>
Title:	Re-test
E-mail Address:	
Date: <i>11/22/15</i>	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 12 2016