

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

BRADENHEAD TEST REPORT

30-025-09620

Operator Name <i>Legacy</i>		API Number
Property Name <i>Cooper Gul</i>		Well No. <i>205</i>

7. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	Count
	<i>24</i>	<i>24</i>	<i>36</i>						<i>29</i>

Well-Status

TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJ	INJECTOR	SWD	PRODUCER	OIL	GAS	DATE
												<i>5-2-16</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>600</i>
Flow Characteristics					
Puff	<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 for 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.

Signature:		<i>BS 5-31-16</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS <i>KH</i>	
E-mail Address:		Re-test	
Date: <i>5-2-16</i>	Phone:		
Witness: <i>Kristi Heady</i>			