

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

BRADENHEAD TEST REPORT

091642

Operator Name <i>Legacy</i>	API Number <i>30 025 0968</i>
Property Name <i>Cooper Gal #448</i>	Well No. <i>148</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	Count
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Well-Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	PRODUCER OIL	GAS	DATE
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>			<i>Ø</i>	<i>320</i>
Flow Characteristics					
Puff	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i><input checked="" type="radio"/> Y / N</i>	CO2 ___
Steady Flow	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	WTR ___
Surges	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	GAS ___
Down to nothing	<i><input checked="" type="radio"/> Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i><input checked="" type="radio"/> Y / N</i>	Type of Fluid Injected for Waterlood if applies
Gas or Oil	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	
Water	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	

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

PS 5-31-16

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