

HOBBS OCD
MAY 11 2018
RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	*API Number <i>30-025-25082</i>
Property Name <i>N.M. 'A2'</i>	Well No. <i>25</i>

2. Surface Location

UL - Lot <i>B</i>	Section <i>11</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>1280</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>4/24/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>6</i>	<i>—</i>	<i>—</i>	<i>28</i>	<i>28</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/24/17</i>	Phone:
Witness: <i>J. Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM