

HOBBS OCD

AUG 06 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>30-025-10577</i>	
Property Name <i>Lanzic Mattix Ken Rose</i>		Well No. <i>361</i>	

U/Lot <i>10</i>	Section <i>34</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>2</i>	Feet From <i>1980</i>	E/W Line <i>15</i>	County <i>Lea</i>
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Well Status		DATE <i>7/24/18</i>	
TA'D Well YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR INI ☒ SWD ☒	PRODUCER OIL ☒ GAS ☒

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>✓</i>	<i>0</i>	<i>1000</i>
Flow Characteristics					
Puff	<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>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

POST WORK OVER TEST

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		<i>[Signature]</i>	
Date: <i>7/24/18</i>	Phone:		
Witness: <i>[Signature]</i>			