

HOBBS OCD
JAN 19 2016
RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operations LP</i>	*API Number <i>3002509646</i>
Property Name <i>CJU</i>	Well No. <i>224</i>

⁷ Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>C</i>	<i>25</i>	<i>24S</i>	<i>36E</i>	<i>330</i>	<i>N</i>	<i>2310</i>	<i>W</i>	<i>Leg</i>

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>5/13/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Q</i>			<i>Q</i>	<i>580</i>
Flow Characteristics					CO2 <input type="checkbox"/> WTR <input checked="" type="checkbox"/> GAS <input type="checkbox"/> Type of Fluid Injected for Waterflood if applies.
Puff	Y / N	Y / N	Y / N	Y / N	
Steady Flow	Y / N	Y / N	Y / N	Y / N	
Surges	Y / N	Y / N	Y / N	Y / N	
Down to nothing	Y / N	Y / N	Y / N	Y / N	
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.
Failed MIT see chart

Signature: <i>Steven D. Hamer</i>	<i>BS 1/19/16</i>
Printed name: <i>Steven D. Hamer</i>	OIL CONSERVATION DIVISION
Title: <i>Well Tech</i>	Entered into RBDMS <i>BS</i>
E-mail Address:	Re-test
Date: <i>5/15/15</i>	Phone: <i>432 312 4757</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 20 2016