

AUG 04 2016

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District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating L.P.</i>	API Number <i>3002538328</i>
Property Name <i>LMP5U</i>	Well No. <i>603</i>

Surface Location

BL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>6</i>	<i>27</i>	<i>22S</i>	<i>37E</i>	<i>1600</i>	<i>N</i>	<i>1525</i>	<i>E</i>	<i>Lea</i>

Well-Status

TA'D WELL <input checked="" type="checkbox"/> YES	SHUT-IN <input checked="" type="checkbox"/> NO	INJECTOR <input type="checkbox"/> INJ	PRODUCER <input checked="" type="checkbox"/> OIL	DATE <i>7/18/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>			<i>50</i>	<i>50</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	CO2 ___
Steady Flow	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	WTR ___
Surges	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid Injected for Waterflood if apples.
Gas or Oil	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	

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

A. Gas

Signature: <i>Steven D. Thom</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven D. Thom</i>	Entered into RBDMS
Title: <i>Well Tech</i>	Re-test
E-mail Address:	
Date: <i>7/18/16</i>	
Phone:	
Witness:	