

HOBBS OCD

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

MAY 25 2016

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <b>LEGACY RESERVES OPERATING LP</b>	API Number <b>30-025-02431</b>
Property Name <b>LEA UNIT</b>	Well No. <b>8</b>

7. Surface Location

UL - Lot <b>B</b>	Section <b>12</b>	Township <b>20S</b>	Range <b>34E</b>	Feet from <b>810</b>	N/S Line <b>N</b>	Feet From <b>1980</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> <b>SWD</b>	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>5/16/15</b>
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Active

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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>100</b>
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	<input checked="" type="checkbox"/> / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	Injected for
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	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: <b>SERGIO IGLESIAS</b>	Entered into RBDMS <b>CF</b>
Title: <b>WELL TECH</b>	Re-test
E-mail Address: <b>siglesias@legacylp.com</b>	
Date:	Phone: <b>432-215-7567</b>
Witness: <b>Charles Flowers</b>	

BS 5-26-16