

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

HOBBS OCD

AUG 04 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 L.P.</i>	API Number <i>3002531983</i>
Property Name <i>SJU</i>	Well No. <i>F-170</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>1C</i>	<i>13</i>	<i>25S</i>	<i>37E</i>	<i>2250</i>	<i>S</i>	<i>1365</i>	<i>W</i>	<i>Lea</i>

Well-Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	OIL PRODUCER <input type="checkbox"/> GAS	DATE <i>7/25/16</i>
--	--	--	--	------------------------

OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Q</i>			<i>0</i>	<i>830</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Type of Fluid injected for Waterflood if applies
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 checked="" 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 Dittus</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven Dittus</i>	Entered into RBDMS
Title: <i>Well Tech</i>	Re-test <i>JD</i>
E-mail Address:	
Date: <i>7/25/16</i>	Phone:
Witness:	