

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

NOV 13 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Legacy Reserves Operations LP</i>		API Number <i>3002533945</i>	
Property Name <i>SPAV</i>		Well No. <i>88</i>	

² Surface Location

UL - Lot <i>N</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1308</i>	N/S Line <i>S</i>	Feet From <i>2502</i>	E/W Line <i>E</i>	County <i>LEG</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 type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>11/7/17</i>
--	--	---	--	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	<i>40</i>			<i>40</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: <i>Steve D. Hays</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve D. Hays</i>	Entered into RBDMS
Title: <i>Prod Foreman</i>	Re-test
E-mail Address:	
Date: <i>11/7/17</i>	Phone:
Witness:	