

HOBBS OCD

DEC 18 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operating LP</u>	*API Number <u>3002531780</u>
Property Name <u>SJU</u>	Well No. <u>E-230</u>

* Surface Location

UL Lot <u>0</u>	Section <u>25</u>	Township <u>35N</u>	Range <u>37E</u>	Feet from <u>890</u>	N/S Line <u>N</u>	Feet From <u>340</u>	E/W Line <u>W</u>	County <u>Leq</u>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒	SWD	OIL	PRODUCER GAS	DATE <u>10/18/15</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<u>N</u>			<u>N</u>	<u>725</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>✓</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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.

A.D. Gas

Signature: <u>Steve Dittus</u>	OIL CONSERVATION DIVISION	
Printed name: <u>STEVEN D. THOMAS</u>	Entered into RBDMS	<u>BS</u>
Title: <u>Well Tech</u>	Re-test	
E-mail Address:		
Date: <u>12/2/15</u>	Phone:	
	Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015