

AUG 04 2016

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District I
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 Operations L.P.</i>	API Number <i>3002536701</i>
Property Name <i>LMPSU</i>	Well No. <i>47</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>K</i>	<i>22</i>	<i>22S</i>	<i>37E</i>	<i>1330</i>	<i>S</i>	<i>2630</i>	<i>W</i>	<i>Lea</i>

Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>40</i>			<i>40</i>	<i>40</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 <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 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 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 Dittman</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven Dittman</i>	Entered into RBDMS
Title: <i>Well Tech</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>7/18/16</i>	Phone:
Witness:	