

HOBB

APR 28 2016

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	API Number <i>30-025-32075 1</i>
Property Name <i>South Justice</i>	Well No. <i>250</i> ✓

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>5</i>	<i>25</i>	<i>25S</i>	<i>37E</i>	<i>1500</i>	<i>S</i>	<i>2310</i>	<i>E</i>	<i>Lea</i> ✓

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <i>4/8/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>890</i>
Flow Characteristics					
Puff	<i>0</i> N	Y / N	Y / N	<i>0</i> / N	CO2 —
Steady Flow	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	WTR <i>X</i>
Surges	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	GAS —
Down to nothing	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	Type of Fluid
Gas or Oil	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	Injected for
Water	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</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.

BS 4-29-16

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>CB</i>
Title:	Re-test
E-mail Address:	
Date: <i>4/8/16</i>	Phone:
Witness: <i>[Signature]</i>	