

NOV 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operations LP</u>	API Number <u>3002511455</u>
Property Name <u>LJU</u>	Well No. <u>35</u>

* Surface Location

UL - Lot <u>D</u>	Section <u>5</u>	Township <u>25S</u>	Range <u>37E</u>	Feet from <u>660</u>	N/S Line <u>N</u>	Feet From <u>660</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	<u>NO</u>	SHUT-IN YES	<u>NO</u>	<u>INJ</u>	INJECTOR SWD	OIL	PRODUCER GAS	DATE <u>7/8/15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<u>0</u>			<u>0</u>	<u>100</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2
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
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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>Steven Dethman</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven Dethman</u>	Entered into RBDMS <u>B8</u>
Title: <u>Well Tech</u>	Re-test
E-mail Address:	
Date: <u>9/15/15</u>	Phone: <u>432 312 4757</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 30 2015