

DEC 04 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>3002536853</u>
Property Name <u>LMPVU</u>	Well No. <u>316</u>

2. Surface Location

UL - Lot <u>0</u>	Section <u>27</u>	Township <u>22S</u>	Range <u>37E</u>	Feet from <u>1103</u>	N/S Line <u>N</u>	Feet From <u>229</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL <u>YES</u>	SHUT-IN <u>NO</u>	INJ <u>NO</u>	INJECTOR <u>NO</u>	SWD <u>NO</u>	PRODUCER <u>OIL</u>	GAS <u>NO</u>	DATE <u>6/17/15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>0</u>			<u>50</u>	<u>50</u>
Flow Characteristics					
Puff	<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 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 gas

Signature: <u>[Signature]</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Hoffman</u>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <u>11/22/15</u>	Phone:
	Witness:

INSTRUCTIONS ON BACK OF THIS FORM

DEC 09 2015

OK
In
RBDMS
and