

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>3002504630</u>
Property Name <u>CJU</u>		Well No. <u>203</u>

² Surface Location

UL - Lot <u>E</u>	Section <u>24</u>	Township <u>24S</u>	Range <u>36E</u>	Feet from <u>1980</u>	N/S Line <u>N</u>	Feet from <u>760</u>	E/W Line <u>W</u>	County <u>Lea</u>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	<u>(NO)</u>	SHUT-IN YES	<u>(NO)</u>	INJECTOR <u>(INJ)</u>	SWD	OIL	PRODUCER GAS	DATE <u>5/13/15</u>
------------------	-------------	----------------	-------------	--------------------------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure <u>Q</u>	<u>Q</u>			<u>20</u>	<u>500</u>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	<u>(Y) / N</u>	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>✓</u>
Surges	Y / N	Y / N	Y / N	Y / N	GAS —
Down to nothing	Y / N	Y / N	Y / N	<u>(Y) / N</u>	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<u>(Y) / N</u>	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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.

D gas

Signature: <u>Steve Dittus</u>		OIL CONSERVATION DIVISION	
Printed name: <u>Steve Dittus</u>		Entered into RBDMS <u>BS</u>	
Title: <u>Well Tech</u>		Re-test	
E-mail Address: <u>sdittus@legacylp.com</u>			
Date: <u>5/15/15</u>	Phone: <u>432 312 4757</u>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015