

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

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves</u>	Property Name <u>Operating LP</u>	API Number <u>3002511139</u>
		Well No. <u>118</u>

Surface Location									
UL - Lot <u>0</u>	Section <u>18</u>	Township <u>24S</u>	Range <u>37E</u>		Feet from <u>660</u>	N/S Line <u>S</u>	Feet From <u>1980</u>	E/W Line <u>E</u>	County <u>Leq</u>

Well Status								DATE
YES	TA'D WELL <u>NO</u>	YES	SHUT-IN <u>NO</u>	<u>INJ</u>	INJECTOR	PRODUCER	GAS	<u>5/13/15</u>

OBSERVED DATA

	(A)Surface	(B)Interm 1	(C)Interm 2	(D)Prod Casing	(E)Tubing
Pressure	<u>0</u>	<u>0</u>		<u>0</u>	<u>560</u>
<u>Flow Characteristics</u>					
Full	Y / N	Y / N	Y / N	Y / N	CO2 <u>—</u>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>✓</u>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <u>—</u>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	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.

Signature <u>Steven Dittman</u>	OIL CONSERVATION DIVISION	
Printed name: <u>Steven Dittman</u>	Entered into RBDMS	<u>B8</u>
Title: <u>Well Tech</u>	Re-test	
E-mail Address: <u>sdittman@legacylp.com</u>		
Date: <u>5/14/15</u>	Phone: <u>422 312 4757</u>	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015