

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

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operations LP</u>		*API Number <u>3002511141</u>
Property Name <u>CJU</u>		Well No. <u>116</u>

* Surface Location									
UL - Lot <u>M</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>660</u>	E/W Line <u>W</u>	County <u>Lea</u>	

Well Status									
YES	TA'D WELL <u>NO</u>	YES	SHUT-IN <u>NO</u>	<u>INJ</u>	INJECTOR	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>520</u>
Flow Characteristics					
Pull	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 Field
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>	<u>BS 12/19/15</u>
Printed name: <u>Steven Dittman</u>	OIL CONSERVATION DIVISION
Title: <u>Well Tech</u>	Entered into RBDMS <u>BS</u>
E-mail Address: <u>sdittman@legacylp.com</u>	Re-test
Date: <u>5/14/15</u>	
Phone: <u>432 312 4757</u>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015