

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>30025 11161</u>
Property Name <u>CJU</u>		Well No. <u>133</u>

2. Surface Location

UL - Lot <u>K</u>	Section <u>19</u>	Township <u>24S</u>	Range <u>37E</u>	Feet from <u>1980</u>	N/S Line <u>S</u>	Feet From <u>1916</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

YES	TA'D WELL ☒ NO	SHUT-IN ☒ YES	NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER ☐ GAS	DATE <u>5/13/15</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	<u>Q</u>			<u>Q</u>	<u>Q</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 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.

Well S/I a waiting for work over Dept

Signature: <u>Steve Dittman</u>		OIL CONSERVATION DIVISION	
Printed name: <u>Steve Dittman</u>		Entered into RBDMS <u>BS</u>	
Title: <u>Well Tech</u>		Re-test	
E-mail Address: <u>sdittman@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