

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>3002525682</u>
Property Name <u>CJV</u>	Well No. <u>151</u>

² Surface Location

UL - Lot <u>A</u>	Section <u>24</u>	Township <u>24S</u>	Range <u>36E</u>	Feet from <u>998</u>	N/S Line <u>S</u>	Feet from <u>170</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<u>Q</u>			<u>Q</u>	<u>780</u>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☒
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
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 D. Hman</u>	<u>BS 12/9/15</u> OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Hman</u>	Entered into RBDMS <u>BS</u>
Title: <u>Well Tech</u>	Re-test
E-mail Address: <u>sdhman@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