

DEC 01 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserve Operations LP</u>	* API Number <u>3002510604</u>
Property Name <u>SPAV</u>	Well No. <u>39</u>

* Surface Location

UL - Lot <u>0</u>	Section <u>3</u>	Township <u>23S</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>
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Well Status

TA'D WELL YES <u>(NO)</u>	SHUT-IN YES <u>(NO)</u>	INJ	INJECTOR SWD <u>(OIL)</u>	PRODUCER GAS	DATE <u>6/17/15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<u>80</u>			<u>50</u>	<u>50</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>---</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>---</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>---</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

A. 545

BS 12/9/15

Signature: <u>[Signature]</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Hagan</u>	Entered into RBDMS <u>BS</u>
Title: <u>Well Tech</u>	Re-test
E-mail Address:	
Date: <u>8/24/15</u>	Phone: <u>432 312 4757</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015