

HOBBS OCD

DEC 11 2015

RECEIVED

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>		*API Number <u>3002309631</u>	
Property Name <u>CJV</u>		Well No. <u>120</u>	

² Surface Location

UL - Lot <u>C</u>	Section <u>24</u>	Township <u>24S</u>	Range <u>36E</u>	Feet from <u>660</u>	N/S Line <u>N</u>	Feet From <u>1980</u>	E/W Line <u>W</u>	County <u>Lea</u>
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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>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>Q</u>			<u>Q</u>	<u>560</u>
Flow Characteristics					
Puff	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>Atere Dittman</u>		OIL CONSERVATION DIVISION	
Printed name: <u>Atere Dittman</u>		Entered into RBDMS <u>BS</u>	
Title: <u>Well Tech</u>		Re-test	
E-mail Address:			
Date: <u>5/15/15</u>	Phone: <u>432 312 4757</u>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 16 2015