

DEC 11 2015

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

BRADENHEAD TEST REPORT

RECEIVED

09634

Operator Name <i>Legacy Reserves</i>		*API Number <i>3002509634</i>	
Property Name <i>CJU</i>		Well No. <i>216</i>	

2 Surface Location

UL - Lot <i>M</i>	Section <i>24</i>	Township <i>24S</i>	Range <i>36 E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Q</i>	<i>Q</i>		<i>Q</i>	<i>560</i>
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: <i>Steve Dittmer</i>		<i>BS 12/16/15</i>	
Printed name: <i>STEVEN D. DITTMER</i>		OIL CONSERVATION DIVISION	
Title: <i>Well Tech</i>		Entered into RBDMS <i>BS</i>	
E-mail Address:		Re-test	
Date: <i>5/15/15</i>	Phone: <i>432 312 4757</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 15 2015