

DEC 18 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating LP</i>	API Number <i>30-025-32085</i>
Property Name <i>South Just's C-160</i>	Well No. <i>160</i>

Surface Location

UL - Lot <i>6</i>	Section <i>14</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>1500</i>	N/S Line <i>N</i>	Feet From <i>2250</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>4-14-15</i>
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*TA'D*

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>20</i>			<i>0</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

*Post workover mit - to TA well.*

Signature:	<i>BS 12/18/15</i>	
Printed name:	OIL CONSERVATION DIVISION	
Title:	Entered into RBDMS <i>BS</i>	
E-mail Address:	Re-test	
Date:	Phone:	
Witness:	<i>Bil Serrano</i>	

*OCD 4-14-15*

INSTRUCTIONS ON BACK OF THIS FORM

DEC 21 2015