

HOBBS OCD

DEC 18 2015

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

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Legacy Reserves Operations LP</i>	*API Number <i>3002532351</i>
Property Name	Well No. <i>F-150</i>

2 Surface Location

UL - Lot <i>C</i>	Section <i>13</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>200</i>	N/S Line <i>N</i>	Feet From <i>2420</i>	E/W Line <i>W</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	PRODUCER OIL	GAS	DATE <i>10/18/15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Puff	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.

Well Plugged 9/15

BS 12/18/15

Signature: <i>As Dett</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>BS</i>
Title:	Re-test
E-mail Address:	
Date:	Phone:
	Witness:

INSTRUCTIONS ON BACK OF THIS FORM

DEC 21 2015