

HOBBS OCD

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 <u>Legacy Reserves Operating LP</u>	* API Number <u>3002531941</u>
Property Name <u>SJU</u>	Well No. <u>6-211</u>

* Surface Location

UL - Lot <u>6</u>	Section <u>24</u>	Township <u>25S</u>	Range <u>37E</u>	Feet from <u>2360</u>	N/S Line <u>N</u>	Feet From <u>1451</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>	<u>INJ</u>	INJECTOR SWD	OIL PRODUCER	GAS	DATE <u>10/18/15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	<u>Q</u>			<u>Q</u>	<u>760</u>
Flow Characteristics					
Puff	<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. Gas

Signature: <u>Steve Dittman</u>	<u>BS 12/23/15</u>
Printed name: <u>STEVEN DITTMAN</u>	OIL CONSERVATION DIVISION
Title: <u>Well Tech</u>	Entered into RBDMS <u>BS</u>
E-mail Address:	Re-test
Date: <u>12/2/15</u>	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015