

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

HOBBS OCD

DEC 18 2015

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operating LP</u>	* API Number <u>3002532046</u>
Property Name <u>SJU</u>	Well No. <u>G-182</u>

2 Surface Location

UL - Lot <u>N</u>	Section <u>13</u>	Township <u>25S</u>	Range <u>37E</u>	Feet from <u>200</u>	N/S Line <u>S</u>	Feet From <u>2000</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	(NO)	SHUT-IN YES	(NO)	INJECTOR (INJ)	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>0</u>			<u>0</u>	<u>710</u>
Flow Characteristics					
Puff	(Y) / N	Y / N	Y / N	(Y) / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>✓</u>
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
					applicable

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

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015