

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

BRADENHEAD TEST REPORT

| | | |
|---|--|-----------------------------------|
| Operator Name <u>Legacy Reserves Operating</u> | | API Number <u>30-025-31985</u> |
| Property Name <u>South Justis Unit # E</u> | | Well No. <u>240</u> |

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot <u>F</u> | Section <u>25</u> | Township <u>25S</u> | Range <u>37E</u> | Feet from <u>2500</u> | N/S Line <u>N</u> | Feet From <u>1500</u> | E/W Line <u>W</u> | County <u>Lea</u> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

| | | | |
|--|--|--|---|
| Well Status | | DATE <u>3/24/16</u> | |
| TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | INJECTOR <input checked="" type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/> |

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing |
|----------------------|--------------|--------------|--------------|--------------|---|
| Pressure | <u>Ø</u> | | | <u>Ø</u> | <u>Ø</u> |
| Flow Characteristics | | | | | |
| Puff | Y / <u>Ø</u> | Y / N | Y / N | Y / <u>Ø</u> | CO2 <input type="checkbox"/> |
| Steady Flow | Y / <u>Ø</u> | Y / N | Y / N | Y / <u>Ø</u> | WTR <input checked="" type="checkbox"/> |
| Surges | Y / <u>Ø</u> | Y / N | Y / N | Y / <u>Ø</u> | GAS <input type="checkbox"/> |
| Down to nothing | <u>Ø</u> N | Y / N | Y / N | <u>Ø</u> N | Type of Fluid |
| Gas or Oil | Y / <u>Ø</u> | Y / N | Y / N | Y / <u>Ø</u> | Injected for |
| Water | Y / <u>Ø</u> | Y / N | Y / N | Y / <u>Ø</u> | 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.

M.I. T. Failure, will not hold sufficient pressure to pass pressure test.

| | | |
|---------------------------------|--------|------------------------------|
| Signature: <u>BS 5-11-16</u> | | OIL CONSERVATION DIVISION |
| Printed name: | | Entered into RBDMS <u>BS</u> |
| Title: | | Re-test |
| E-mail Address: | | |
| Date: | Phone: | |
| Witness: <u>Carl Flowers</u> | | |