

**HOBBS OCD**

**MAY 25 2016**

**RECEIVED**

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

**BRADENHEAD TEST REPORT**

Operator Name <b>LEGACY RESERVES OPERATING LP</b>	API Number <b>30-025-25082</b>
Property Name <b>NEW MEXICO AE STATE</b>	Well No. <b>25</b>

<sup>7</sup> Surface Location

UL - Lot <b>B</b>	Section <b>11</b>	Township <b>18S</b>	Range <b>34E</b>		Feet from <b>990</b>	N/S Line <b>N</b>	Feet From <b>1780</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ	INJECTOR SWD	<input checked="" type="radio"/> OIL	PRODUCER GAS	DATE <b>5/16/16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<b>Ø</b>			<b>24</b>	<b>100</b>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	CO2 ____
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	WTR ____
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	GAS ____
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	Injected for
Water	Y / <input checked="" type="radio"/> 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.

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>SERGIO IGLESIAS</b>	Entered into RBDMS <b>CF</b>
Title: <b>WELL TECH</b>	Re-test
E-mail Address: <b>siglesias@legacylp.com</b>	
Date:	Phone: <b>432-215-7567</b>
Witness: <b>Crane Flowers</b>	

**B8 5-26-16**