

AUG 04 2016

RECEIVED

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating L.P.</i>	API Number <i>3002510397</i>
Property Name <i>LMP5U</i>	Well No. <i>512</i>

Surface Location

UL - Lot <i>C</i>	Section <i>22</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJ <input type="checkbox"/> INJ	INJECTOR <input type="checkbox"/> INJ	SWD <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>7/18/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>			<i>40</i>	<i>40</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	CO2 ___
Steady Flow	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	WTR ___
Surges	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	Injected for
Water	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> 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.

*A. Gas*

Signature: <i>Steven D. Thomas</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven D. Thomas</i>	Entered into RBDMS
Title: <i>Well Tech</i>	Re-test
E-mail Address:	
Date: <i>7/18/16</i>	Phone:
Witness:	