

HOBBS OCD

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

AUG 04 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operations L.P.</u>	API Number <u>3002523770</u>
Property Name <u>LMP5U</u>	Well No. <u>84</u>

2. Surface Location

UL - Lot <u>E</u>	Section <u>21</u>	Township <u>22S</u>	Range <u>37E</u>	Feet from <u>1780</u>	N/S Line <u>N</u>	Feet From <u>330</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	INJ ☐ INJ	SWD ☐ SWD	☒ OIL	PRODUCER ☐ GAS	DATE <u>7/18/16</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>50</u>			<u>50</u>	<u>50</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>Steven D. Thoma</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Thoma</u>	Entered into RBDMS
Title: <u>Well Tech</u>	Re-test
E-mail Address:	
Date: <u>7/18/16</u>	
Phone:	
Witness:	