

HOBBS OCD

AUG 04 2016

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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<br><u>Legacy Reserves Operations L.P.</u> | API Number<br><u>3002520848</u> |
| Property Name<br><u>SJU</u>                             | Well No.<br><u>B-150</u>        |

## 2 Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><u>C</u> | Section<br><u>14</u> | Township<br><u>25N</u> | Range<br><u>37E</u> | Feet from<br><u>330</u> | N/S Line<br><u>N</u> | Feet From<br><u>2310</u> | E/W Line<br><u>W</u> | County<br><u>Lea</u> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well-Status

|                                                   |                             |                                      |                             |                              |     |     |          |     |                        |
|---------------------------------------------------|-----------------------------|--------------------------------------|-----------------------------|------------------------------|-----|-----|----------|-----|------------------------|
| YES <input checked="" type="checkbox"/> TA'D WELL | NO <input type="checkbox"/> | YES <input type="checkbox"/> SHUT-IN | NO <input type="checkbox"/> | INJ <input type="checkbox"/> | SWD | OIL | PRODUCER | GAS | DATE<br><u>7/25/16</u> |
|---------------------------------------------------|-----------------------------|--------------------------------------|-----------------------------|------------------------------|-----|-----|----------|-----|------------------------|

## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csing | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|---------------|------------------------------------------------------------|
| Pressure             | <u>0</u>   |              |              | <u>0</u>      | <u>685</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<br>Injected for<br>Waterflood if<br>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.D. gas

|                                    |                           |
|------------------------------------|---------------------------|
| Signature: <u>Steven Dutton</u>    | OIL CONSERVATION DIVISION |
| Printed name: <u>Steven Dutton</u> | Entered into RBDMS        |
| Title: <u>Well Tech</u>            | Re-test                   |
| E-mail Address:                    |                           |
| Date: <u>7/25/16</u>               |                           |
| Phone:                             |                           |
| Witness:                           |                           |