

HOBBS OCD

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

SEP 12 2016

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <u>Legacy Reserve Operating L.P.</u>	* API Number <u>3002525412</u>
Property Name <u>A.L. Christmas</u>	Well No. <u>1</u>

2. Surface Location

BL - Lot <u>F</u>	Section <u>28</u>	Township <u>22N</u>	Range <u>37E</u>	Feet from <u>1780</u>	N/S Line <u>N</u>	Feet From <u>1980</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 ☒	INJECTOR ☒ INJ	SWD ☐	OIL ☐	PRODUCER GAS ☐	DATE <u>8/22/16</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>Q</u>			<u>Q</u>	<u>Q</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.O. Gas

Signature: <u>Steven D. Homan</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Homan</u>	Entered into RBDMS
Title:	Re-test <u>mb</u>
E-mail Address:	
Date: <u>8/22/16</u>	
Phone:	
Witness:	