

HOBBS OCD

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

SEP 12 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating L.P.</i>		API Number <i>3002532405</i>	
Property Name <i>SJV</i>		Well No. <i>F-120</i>	

² Surface Location

BL - Lot <i>E</i>	Section <i>12</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>1470</i>	NS Line <i>N</i>	Feet From <i>1200</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well-Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☒ INJ	SWD ☐	OIL ☐	PRODUCER ☐	GAS ☐	DATE <i>8/22/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>750</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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: <i>Steve Pittman</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Pittman</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/22/16</i>	
Phone:	
Witness:	