

NOV 13 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserve Operations LP</i>	API Number <i>3002510609</i>
Property Name <i>SPAV</i>	Well No. <i>37</i>

² Surface Location

UL - Lot <i>M</i>	Section <i>3</i>	Township <i>33S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet from <i>660</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	INJ ☐ YES ☒ NO	INJECTOR ☐ YES ☒ NO	PRODUCER ☐ YES ☒ NO	DATE <i>11/7/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>40</i>			<i>40</i>	<i>40</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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Signature: <i>Steve D. H.</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve D. H.</i>	Entered into RBDMS
Title: <i>Prod Foreman</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>11/7/17</i>	Phone:
	Witness: