

HOBBS OCD

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>3002533786</i>
Property Name <i>SPAV</i>		Well No. <i>84</i>

2. Surface Location

UL - Lot <i>1</i>	Section <i>4</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>2637</i>	N/S Line <i>S</i>	Feet From <i>92</i>	E/W Line <i>E</i>	County <i>LEG</i>
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Well-Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR SWD ☐	☒ OIL PRODUCER	GAS ☐	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>Q</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 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.

Signature: <i>Steve D. P...</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Steve D. P...</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:			