

HOBBS OCD

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

NOV 13 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating LP</i>		API Number <i>3002510558</i>
Property Name <i>LMPJV</i>		Well No. <i>341</i>

² Surface Location

UL Lot <i>6</i>	Section <i>33</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>1950</i>	N/S Line <i>N</i>	Feet from <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well-Status

YES ☒ T.A'D WELL	NO ☐ YES	SHUT-IN	NO ☐ INJ	INJECTOR	SWD	OIL ☒ PRODUCER	GAS	DATE <i>11/2/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>50</i>	<i>50</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	
E-mail Address:			
Date: <i>11/2/17</i>	Phone:		
Witness:			