

HOBBS OGD

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 Reserves Operating LP</i>		API Number <i>3002510578</i>
Property Name <i>LMPJV</i>		Well No. <i>362</i>

² Surface Location

UL Lot <i>A</i>	Section <i>34</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet from <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>
--------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☐ INJ ☐ SWD	PRODUCER ☒ OIL ☐ GAS	DATE <i>11/2/17</i>
--	--	---	--	------------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>40</i>			<i>40</i>	
Flow Characteristics					
Puff	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	CO2 ☐
Steady Flow	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	WTR ☐
Surges	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	GAS ☐
Down to nothing	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	Type of Fluid
Gas or Oil	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	Injected for
Water	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	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:	