

NOV 29 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves</i>	API Number <i>30-025-35986</i> ✓
Property Name <i>John's Hopper 30</i>	Well No. <i>#2</i> ✓

Surface Location									
UL - Lot <i>L</i>	Section <i>30</i>	Township <i>15s</i>	Range <i>36e</i>		Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>880</i>	E/W Line <i>W</i>	County <i>LEA</i>

Well Status									
TA'D WELL YES	<i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ	INJECTOR SWD	OIL	PRODUCER <i>GAS</i>	DATE	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>20</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input checked="" type="checkbox"/>
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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	
Phone:	
Witness: <i>Gary Robinson</i> <i>575-399-3220</i>	

INSTRUCTIONS ON BACK OF THIS FORM