

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

NOV 06 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>LEGACY RESERVES</b>	API Number <b>30.025.09634</b>
Property Name <b>COOPER JAL UNIT</b>	Well No. <b>216</b>

2. Surface Location

UL - Lot <b>M</b>	Section <b>24</b>	Township <b>24S</b>	Range <b>36E</b>	Feet from <b>660</b>	N/S Line <b>5</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJ <input checked="" type="checkbox"/>	SWD	OIL	PRODUCER GAS	DATE <b>10-24-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="checkbox"/>				<b>500</b>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 —
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS —
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of fluid injected for Waterflood if applies
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

Remarks — Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Dustin Reeder</i>	OIL CONSERVATION DIVISION
Printed name: <b>DUSTIN REEDER</b>	Entered into RBDMS
Title: <b>PRODUCTION TECH</b>	Re-test <i>X7</i>
E-mail Address:	
Date: <b>10-24-19</b>	Phone:
	Witness: