

DEC 24 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	API Number <i>30-025-31601</i>
Property Name <i>Barnes 20 SWD</i>	Well No. <i>1</i>

7. Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<i>C</i>	<i>20</i>	<i>9S</i>	<i>35E</i>		<i>766</i>	<i>N</i>	<i>2201</i>	<i>N</i>	<i>LEA</i>

Well Status												
TA'D WELL	YES	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES		<i>(NO)</i>	YES		<i>(NO)</i>	INJ		<i>(SWD)</i>	OIL		GAS	<i>4/14/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>		<i>0</i>
Flow Characteristics					
Puff	<i>(Y/N)</i>	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	<i>(Y/N)</i>	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	<i>(Y/N)</i>	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<i>(Y/N)</i>	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	<i>(Y/N)</i>	Y / N	Y / N	Y / N	Injected for
Water	<i>(Y/N)</i>	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>Ernest Barrientes Jr.</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ernest Barrientes Jr.</i>	Entered into RBDMS <i>GB</i>
Title:	Re-test
E-mail Address:	
Date: <i>4/14/15</i>	Phone: <i>432-853-0633</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 05 2016

SWD
[Signature]