

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

AUG 10 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Legacy Reserves Operating</i>	API Number <i>30-005-01024-0000</i>
Property Name <i>Dickey Queen Sand Unit</i>	Well No. <i>26</i>

Surface Location

UL - Lot <i>A</i>	Section <i>10</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>600</i>	E/W Line <i>E</i>	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	-------------------------

Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR <i>INJ</i>	PRODUCER OIL	GAS	DATE <i>7-30-15</i>
------------------	----------------	------------------------	-----------------	-----	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>100</i>	<i>550</i>
Flow Characteristics					
Pull	<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 Injected for
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature:	<i>BL 8/29/2015</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:	<i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015