

AUG 10 2015

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

BRADENHEAD TEST REPORT

|                                         |                      |                        |                     |                                   |                      |                            |                      |                         |
|-----------------------------------------|----------------------|------------------------|---------------------|-----------------------------------|----------------------|----------------------------|----------------------|-------------------------|
| Operator Name<br><i>Legacy</i>          |                      |                        |                     | API Number<br><i>30-005-29185</i> |                      |                            |                      |                         |
| Property Name<br><i>Rock Queen Unit</i> |                      |                        |                     | Well No.<br><i># 316</i>          |                      |                            |                      |                         |
| 7. Surface Location                     |                      |                        |                     |                                   |                      |                            |                      |                         |
| UL - Lot<br><i>J</i>                    | Section<br><i>26</i> | Township<br><i>13S</i> | Range<br><i>31E</i> | Feet from<br><i>2080</i>          | N/S Line<br><i>S</i> | Feet From<br><i>1830</i>   | E/W Line<br><i>E</i> | County<br><i>Chaves</i> |
| Well Status                             |                      |                        |                     |                                   |                      |                            |                      |                         |
| TA'D WELL<br><i>YES</i>                 | <i>NO</i>            | SHUT-IN<br><i>YES</i>  | <i>NO</i>           | INJECTOR<br><i>NO</i>             | SWD<br><i>NO</i>     | OIL PRODUCER<br><i>YES</i> | GAS<br><i>NO</i>     | DATE<br><i>7/30/15</i>  |

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | <i>φ</i>   | <i>n/a</i>   | <i>n/a</i>   | <i>φ</i>    | <i>φ</i>                                                   |
| Flow Characteristics |            |              |              |             |                                                            |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <i>___</i>                                             |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <i>___</i>                                             |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <i>___</i>                                             |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                            |
| 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:<br><i>B8 8/29/2015</i> |        | OIL CONSERVATION DIVISION |
| Printed name:                     |        | Entered into RBDMS        |
| Title:                            |        | Re-test                   |
| E-mail Address:                   |        |                           |
| Date: <i>7/30/15</i>              | Phone: |                           |
| Witness: <i>[Signature]</i>       |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015