

AUG 04 2015

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

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>30-025-36685</i> |
| Property Name<br><i>TRES PAPALOTES 4</i> | Well No.<br><i>3</i>              |

## 7. Surface Location

|                      |                     |                        |                     |                         |                      |                         |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>A</i> | Section<br><i>4</i> | Township<br><i>15S</i> | Range<br><i>34E</i> | Feet from<br><i>330</i> | N/S Line<br><i>N</i> | Feet From<br><i>990</i> | E/W Line<br><i>E</i> | County<br><i>Lea</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

## Well Status

|                         |    |                       |    |                        |                  |                        |     |                        |
|-------------------------|----|-----------------------|----|------------------------|------------------|------------------------|-----|------------------------|
| TA'D WELL<br><i>YES</i> | NO | SHUT-IN<br><i>YES</i> | NO | INJECTOR<br><i>INJ</i> | SWD<br><i>NO</i> | PRODUCER<br><i>OIL</i> | GAS | DATE<br><i>7/24/15</i> |
|-------------------------|----|-----------------------|----|------------------------|------------------|------------------------|-----|------------------------|

## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                 |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------------------------|
| Pressure             | $\phi$     | $\phi$       | <i>N/A</i>   | $\phi$      | $\phi$                                                    |
| Flow Characteristics |            |              |              |             |                                                           |
| Puff                 | <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 type="checkbox"/>                              |
| 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.

*BB 8/30/2015*

|                             |                           |
|-----------------------------|---------------------------|
| Signature:                  | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date: <i>7/24/15</i>        | Phone:                    |
| Witness: <i>[Signature]</i> |                           |

INSTRUCTIONS ON BACK OF THIS FORM

AUG 01 2015