

AUG 10 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>30-005-00819</i>
Property Name <i>Rock Queen</i>	Well No. <i>28</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>22</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	NO <i>(X)</i>	SHUT-IN YES	NO <i>(X)</i>	INJECTOR <i>(X)</i>	SWD	PRODUCER OIL	GAS	DATE <i>7/30/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>φ</i>	<i>N/A</i>	<i>0</i>	<i>500</i>
Flow Characteristics					
Puff	<i>Y / (X) N</i>	<i>(X) N</i>	<i>Y / N</i>	<i>(X) N</i>	CO2 <i>—</i>
Steady Flow	<i>Y / (X) N</i>	<i>Y / (X) N</i>	<i>Y / N</i>	<i>Y / (X) N</i>	WTR <i>—</i>
Surges	<i>Y / (X) N</i>	<i>Y / (X) N</i>	<i>Y / N</i>	<i>Y / (X) N</i>	GAS <i>—</i>
Down to nothing	<i>(X) N</i>	<i>(X) N</i>	<i>Y / N</i>	<i>(X) N</i>	Type of Fluid
Gas or Oil	<i>Y / (X) N</i>	<i>Y / (X) N</i>	<i>Y / N</i>	<i>Y / (X) N</i>	Injected for
Water	<i>Y / (X) N</i>	<i>Y / (X) N</i>	<i>Y / N</i>	<i>Y / (X) N</i>	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.

BS 8/29/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>7/30/15</i>	Phone:
Witness: <i>Joey Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015