

HOBBS OGD

AUG 10 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>						API Number <i>30-005-00867</i>			
Property Name <i>Rock Queen</i>						Well No. <i>48</i>			
Surface Location									
UL - Lot <i>N</i>	Section <i>26</i>	Township <i>13S</i>	Range <i>3E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>	
Well Status									
YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	<i>INJ</i>	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>7/30/15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	<i>a/a</i>	ϕ	<i>550</i>
<u>Flow Characteristics</u>					
Puff	<i>P</i> N	<i>P</i> N	Y / N	<i>P</i> N	CO2 <i>X</i>
Steady Flow	Y / <i>P</i>	Y / <i>P</i>	Y / N	Y / <i>P</i>	WTR —
Surges	Y / <i>P</i>	Y / <i>P</i>	Y / N	Y / <i>P</i>	GAS —
Down to nothing	<i>P</i> N	<i>P</i> N	Y / N	<i>P</i> N	Type of Fluid
Gas or Oil	Y / <i>P</i>	Y / <i>P</i>	Y / N	Y / <i>P</i>	Injected for
Water	Y / <i>P</i>	Y / <i>P</i>	Y / N	Y / <i>P</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.

Signature:		<i>BB 8/29/2015</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS	
E-mail Address:		Re-test	
Date: <i>7/30/15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015