

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<br><i>Legacy Resources</i>       | API Number<br><i>30-005-00900-0000</i> |
| Property Name<br><i>Dickey Queen Sand Unit</i> | Well No.<br><i>9</i>                   |

| 1. Surface Location  |                      |                        |                     |  |                         |                      |                          |                      |                         |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|--------------------------|----------------------|-------------------------|
| UL - Lot<br><i>N</i> | Section<br><i>39</i> | Township<br><i>13S</i> | Range<br><i>31E</i> |  | Feet from<br><i>660</i> | N/S Line<br><i>5</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>Chaves</i> |

| Well Status                                                                |                                                                          |                                              |     |                                                                 |  | DATE           |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----|-----------------------------------------------------------------|--|----------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO <input type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> |  | <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>25</i>                            | <i>550</i>                                                |
| Flow Characteristics |                                      |              |              |                                      |                                                           |
| Puff                 | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | <input checked="" type="radio"/> N   | CO2 <input type="checkbox"/>                              |
| Steady Flow          | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | WTR <input type="checkbox"/>                              |
| Surges               | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | GAS <input type="checkbox"/>                              |
| Down to nothing      | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> |                                                           |
| Water                | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> |                                                           |

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

|                                |        |                           |
|--------------------------------|--------|---------------------------|
| Signature: <i>BS 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