

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 <i>Legacy</i>	API Number <i>30-005-00936</i>
Property Name <i>Rock Creek</i>	Well No. <i>87</i>

Surface Location									
UL - Lot <i>F</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>1980</i>	N/S line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>

Well Status									
TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	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	<i>φ</i>	<i>φ</i>	<i>N/A</i>	<i>φ</i>	<i>1025</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☒
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/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.

Signature:		<i>B8 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>Jay Bow</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015