

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

AUG 10 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Op</i>						API Number <i>30-005-00968-00 00</i>			
Property Name <i>Dickey Queen Sand Unit</i>						Well No. <i>24 N</i>			
7. Surface Location									
UL - Lot <i>N</i>	Section <i>3</i>	Township <i>14 S</i>	Range <i>31 E</i>		Feet from <i>160</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>
Well Status									
TA'D WELL YES		SHUT-IN YES		INJECTOR <i>(INJ)</i>		PRODUCER OIL		GAS DATE <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>160</i>
Flow Characteristics				<i>0</i>	
Puff	<i>(Y) N</i>	Y / N	Y / N	Y / <i>(N)</i>	CO2 ☐
Steady Flow	<i>Y / (N)</i>	Y / N	Y / N	Y / <i>(N)</i>	WTR ☐
Surges	<i>Y / (N)</i>	Y / N	Y / N	Y / <i>(N)</i>	GAS ☐
Down to nothing	<i>Y / (N)</i>	Y / N	Y / N	Y / <i>(N)</i>	Type of Fluid
Gas or Oil	<i>Y / (N)</i>	Y / N	Y / N	Y / <i>(N)</i>	Injected for
Water	<i>Y / (N)</i>	Y / N	Y / N	Y / <i>(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>BS 8/29/2015</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS	
E-mail Address:		Re-test	
Date:	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015