

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 Reserves Op</i>	API Number <i>30-005-00971-0000</i>
Property Name <i>Dreckey Queen Sand Unit #</i>	Well No. <i>17</i>

Surface Location

UL - Lot <i>C</i>	Section <i>3</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>665</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ	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>150</i>
Flow Characteristics					
Puff	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	CO2 ☐
Steady Flow	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	WTR ☐
Surges	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	GAS ☐
Down to nothing	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	
Water	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	☒ Y / ☒ N	

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:	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015