

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 Reserves Op</i>	API Number <i>30-005-01022-0000</i>
Property Name <i>Drickay Queen Sand Unit</i>	Well No. <i>31</i>

1. Surface Location									
UL - Lot <i>F</i>	Section <i>10</i>	Township <i>14S</i>	Range <i>31E</i>		Feet from <i>2000</i>	N/S Line <i>N</i>	Feet From <i>1920</i>	E/W Line <i>W</i>	County <i>Chaves</i>

Well Status						DATE	
TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR ☒ NO	PRODUCER OIL	GAS	<i>2-30-15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>0</i>			<i>20</i>	<i>800</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.

Signature:		<i>BB 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