

AUG 10 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves, Op</i>	API Number <i>30-005-01023-0000</i>
Property Name <i>Drickey Queen Sand Unit</i>	Well No. <i>32</i>

7. Surface Location

UL - Lot <i>G</i>	Section <i>10</i>	Township <i>14S</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>E</i>	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	-------------------------

Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR <i>INT</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>80</i>	<i>600</i>
Flow Characteristics					
Puff	Y / N	Y / <i>0</i>	Y / N	<i>0</i> / N	CO2 ☐
Steady Flow	Y / N	Y / <i>0</i>	Y / N	Y / <i>0</i>	WTR ☐
Surges	Y / N	Y / <i>0</i>	Y / N	Y / <i>0</i>	GAS ☐
Down to nothing	Y / N	Y / <i>0</i>	Y / N	Y / <i>0</i>	Type of Fluid
Gas or Oil	Y / N	Y / <i>0</i>	Y / N	Y / <i>0</i>	Injected for
Water	Y / N	Y / <i>0</i>	Y / N	Y / <i>0</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