

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>30-005-01029-00-00</i>
Property Name <i>Dickey Queen Sand Unit</i>	Well No. <i>29</i>

1. Surface Location									
UL - Lot <i>D</i>	Section <i>10</i>	Township <i>14S</i>	Range <i>31E</i>		Feet from <i>620</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</i>

Well Status							
TA'D WELL YES	SHUT-IN YES	INJECTOR <i>(INJ)</i>	SWD	PRODUCER OIL	GAS	DATE <i>7-30-15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>775</i>
Flow Characteristics					
Puff	Y / <i>(N)</i>	Y / N	Y / N	<i>(Y)</i> / N	CO2 —
Steady Flow	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	WTR —
Surges	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	GAS —
Down to nothing	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	Type of Fluid Injected for Waterflood If applies.
Gas or Oil	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	
Water	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	

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>RT</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015