

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>30-005-01099</i>			
Property Name <i>West Cap Queen Sand Unit</i>						Well No. <i>6</i>			
1. Surface Location									
UL - Lot <i>5</i>	Section <i>12</i>	Township <i>14S</i>	Range <i>31E</i>		Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County
Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER 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>0</i>	<i>780</i>
Flow Characteristics					
Puff	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	CO2 ☐
Steady Flow	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	WTR ☐
Surges	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	GAS ☐
Down to nothing	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	
Water	<i>Y / NO</i>	<i>Y / NO</i>	<i>Y / N</i>	<i>Y / NO</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>MS LEO</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015