District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Legacy Reserves Op	30-005-01115-00 00

Property Name	Well No.
West Cap Queen Sand Unit	18

7. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
D	21	14S	31E		660	N	660	W	Chaves

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	(NO)	YES	(NO)	(INJ)	SWD	OIL	GAS	7-30-15

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure		0		160	495
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:	

INSTRUCTIONS ON BACK OF THIS FORM

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

AUG 10 2015

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Legacy Reserves Op	30-005-01107-0000
Property Name	**Well No.**
West Cap Queen Sand Unit	16

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
B	21	14S	31E		330	N	2310	E	Chaves

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES (NO)	YES (NO)	(INJ) SWD	OIL GAS	7-30-15

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0			0	0
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.

BB 8/29/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015