

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>30-005-21156 00 00</i>
Property Name <i>Drickay Queen Sand Unit</i>	Well No. <i>54 H</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>15</i>	Township <i>14S</i>	Range <i>7E</i>	Feet from <i>200</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN ☒ YES	NO	INJECTOR ☒ INJ	SWD	PRODUCER OIL	GAS	DATE <i>7-30-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>980</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>BS 8/29/2015</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:	<i>BS 8/29/2015</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015