

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

HOBBS OCD

AUG 10 2015

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves, Op</i>	API Number <i>30-005-21157</i>
Property Name <i>Drake, Queen Sand Unit</i>	Well No. <i>55 H</i>

1. Surface Location									
UL - Lot <i>m</i>	Section <i>15</i>	Township <i>14S</i>	Range <i>31 E</i>		Feet from <i>140</i>	N/S Line <i>S</i>	Feet From <i>330</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 Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>875</i>
Flow Characteristics					
Puff	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>☒ N</i>	CO2 ☐
Steady Flow	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / ☒</i>	WTR ☐
Surges	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / ☒</i>	GAS ☐
Down to nothing	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / ☒</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / ☒</i>	
Water	<i>Y / ☒</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / ☒</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>B8 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