

HOBBS OCD

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</i>	API Number <i>30-005-29146</i>
Property Name <i>Rock Queen</i>	Well No. <i>302</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>F</i>	<i>25</i>	<i>13S</i>	<i>31E</i>	<i>1930</i>	<i>N</i>	<i>1765</i>	<i>W</i>	<i>CHAVES</i>	

Well Status												
TA'D WELL	YES	NO	SHUT-IN	YES	NO	IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES		<i>NO</i>	YES		<i>NO</i>	<i>IN</i>						<i>7/30/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>10</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1100</i>
Flow Characteristics					
Puff	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	<i>CO2 X</i>
Steady Flow	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	<i>WTR</i>
Surges	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	<i>GAS</i>
Down to nothing	<i>0 / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 / N</i>	Type of Fluid
Gas or Oil	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	Injected for
Water	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	Waterflood if
					applies.

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: <i>7/30/15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015