

AUG 10 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	API Number <i>30-006 29148</i>
Property Name <i>Rock Creek</i>	Well No. <i>304</i>

Surface Location									
UL - Lot <i>1</i>	Section <i>25</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1995</i>	N/S Line <i>S</i>	Feet From <i>2230</i>	E/W Line <i>E</i>	County <i>Chaves</i>	

Well Status									
TA'D WELL <i>YES</i>	<i>NO</i>	SHUT-IN <i>YES</i>	<i>NO</i>	INJ <i>NO</i>	INJECTOR <i>NO</i>	SWD <i>NO</i>	OIL <i>NO</i>	PRODUCER <i>NO</i>	GAS <i>NO</i>
									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>N/A</i>	<i>0</i>	<i>1030</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>X</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</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>BS 8/29/2015</i>	
Printed name:	OIL CONSERVATION DIVISION	
Title:	Entered into RBDMS	
E-mail Address:	Re-test	
Date: <i>7/30/15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015