

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>30-005-29183</i>				
Property Name <i>Rock Creek</i>					Well No. <i>314</i>				
7. Surface Location									
UL - Lot <i>F</i>	Section <i>26</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>2145</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>
Well Status									
TA'D WELL YES ☒ NO ☒		SHUT-IN YES ☒ NO ☒		INJECTOR INJ ☒ 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>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>1180</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☒
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☒
Down to nothing	<i>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Ø/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</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>	
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