

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 Reserves Op</i>	API Number <i>30-005-01107-0000</i>
Property Name <i>West Cap Queen Sand Unit</i>	Well No. <i>16</i>

Surface Location									
UL - Lot <i>B</i>	Section <i>21</i>	Township <i>14S</i>	Range <i>31E</i>		Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>2310</i>	E/W Line <i>E</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>0</i>			<i>B</i>	<i>0</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>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 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>BB 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~~

SEP 02 2015 ✓