

DEC 01 2015

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>		API Number <i>30-005-00925</i>	
Property Name <i>Drickey Queen</i>		Well No. <i>1</i>	

7. Surface Location									
UL - Lot <i>A</i>	Section <i>35</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>

Well Status									
TA'D WELL YES ☒	SHUT-IN YES ☒	INJECTOR ☒	SWD ☐	OIL ☐	PRODUCER ☐	GAS ☐	DATE <i>7/30/15</i>		

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>N/A</i>	<i>φ</i>	<i>540</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>BS 12/31/15</i>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS <i>CB</i>	
Title:		Re-test	
E-mail Address:			
Date: <i>7/30/15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

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