

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<br><i>Legacy Reserves Op</i>     | API Number<br><i>30-005-00775-0000</i> |
| Property Name<br><i>Dickey Queen Sand Unit</i> | Well No.<br><i>16</i>                  |

Surface Location

|                      |                     |                        |                     |                         |                      |                          |                      |                         |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|
| UL - Lot<br><i>B</i> | Section<br><i>3</i> | Township<br><i>14S</i> | Range<br><i>31E</i> | Feet from<br><i>665</i> | N/S Line<br><i>N</i> | Feet From<br><i>1980</i> | E/W Line<br><i>E</i> | County<br><i>Chaves</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|

Well Status

|                                                      |                                                    |                                                 |                                 |                                          |                                 |                        |
|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------|------------------------------------------|---------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input checked="" type="checkbox"/> | INJECTOR<br><input checked="" type="checkbox"/> | SWD<br><input type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> | GAS<br><input type="checkbox"/> | DATE<br><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>610</i>                   |
| Flow Characteristics |            |              |              |             |                              |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/> |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/> |
| 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 12/3/15</i>  | OIL CONSERVATION DIVISION    |
| Printed name:   |                    | Entered into RBDMS <i>GC</i> |
| Title:          |                    | Re-test                      |
| E-mail Address: |                    |                              |
| Date:           | Phone:             |                              |
|                 | Witness: <i>BS</i> |                              |

INSTRUCTIONS ON BACK OF THIS FORM

DEC 03 2015