

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 Reserves Op</i>	API Number <i>30-005-01097-0000</i>
Property Name <i>West Cap Queen Sand Unit</i>	Well No. <i>5</i>

7. Surface Location

UL - Lot <i>1</i>	Section <i>17</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR <i>(N)</i>	PRODUCER OIL	GAS	DATE <i>7-30-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>500</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 12/3/15</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>BS</i>
Title:		Re-test
E-mail Address:		
Date:	Phone:	
	Witness: <i>BS</i>	

INSTRUCTIONS ON BACK OF THIS FORM

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