

NOV 24 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 Reserve Op</i>		API Number <i>30-005-00963-0000</i>	
Property Name <i>Drick, Queen Sand Unit</i>		Well No. <i>25</i>	

Surface Location									
UL - Lot <i>0</i>	Section <i>3</i>	Township <i>145</i>	Range <i>31 E</i>		Feet from <i>660</i>	N/S Line <i>5</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Chaves</i>

Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>7-30-15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>10</i>	<i>300</i> <i>300</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / <i>0</i>	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / <i>0</i>	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / <i>0</i>	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	<i>0</i> / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<i>0</i> / N	Injected for
Water	Y / N	Y / N	Y / N	Y / <i>0</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 12/9/15</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS <i>GC</i>	
E-mail Address:		Re-test	
Date:	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015