

NOV 24 2015

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Operator Name<br><i>Legacy</i>     | * API Number<br><i>30-005 29141</i> |
| Property Name<br><i>Rock Queen</i> | Well No.<br><i>703</i>              |

## \* Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                         |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|-------------------------|
| UL - Lot<br><i>D</i> | Section<br><i>36</i> | Township<br><i>13S</i> | Range<br><i>31E</i> | Feet from<br><i>1310</i> | N/S Line<br><i>N</i> | Feet From<br><i>850</i> | E/W Line<br><i>W</i> | County<br><i>CHAVES</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|-------------------------|

## Well Status

|                                                   |                                                 |                                              |     |     |                 |                     |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----|-----|-----------------|---------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | SWD | OIL | PRODUCER<br>GAS | DATE<br><i>7/30</i> |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----|-----|-----------------|---------------------|

## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|----------------|------------------------------------------------------------|
| Pressure             | <i>φ</i>   | <i>N/A</i>   | <i>N/A</i>   | <i>φ</i>       | <i>φ</i>                                                   |
| Flow Characteristics |            |              |              |                |                                                            |
| Pull                 | <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<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     |                                                            |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     |                                                            |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Well shut in - gnb**BS 12/9/15*

|                             |                              |
|-----------------------------|------------------------------|
| Signature:                  | OIL CONSERVATION DIVISION    |
| Printed name:               | Entered into RBDMS <i>GB</i> |
| Title:                      | Re-test                      |
| E-mail Address:             |                              |
| Date: <i>7/30/15</i>        | Phone:                       |
| Witness: <i>[Signature]</i> |                              |

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015