

NOV 24 2015

RECEIVED

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 25162</i>
Property Name <i>Rock Quarry</i>	Well No. <i>704</i>

* Surface Location									
UL - Lot <i>C</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>1309</i>	N/S Line <i>N</i>	Feet From <i>2629</i>	E/W Line <i>W</i>	County <i>Chaves</i>

Well Status									
YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJECTOR <i>NO</i>	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>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Pull	<i>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Ø/N</i>	CO2 <i>X</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Ø/N</i>	Type of Field Injected for Waterflood if 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

Signature:	<i>BS 12/9/15</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>OK</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