

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

DEC 10 2015

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	RECEIVED 30-005-01119
Property Name <i>W. Caprock Sand Unit</i>	Well No. <i>24</i>

Surface Location

UL - Lot <i>5</i>	Section <i>21</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>5</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

YES ☒ NO ☐ TA'D WELL	YES ☒ NO ☐ SHUT-IN	INJ ☒ SWD ☐ INJECTOR	OIL ☐ GAS ☐ PRODUCER	DATE <i>12/10/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Aldo Porra</i>	Entered into RBDMS <i>GA</i>
Title:	Re-test
E-mail Address:	
Date: <i>12/10/15</i>	Witness: <i>[Signature]</i>

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015