

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

DEC 10 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                           |  |                                   |  |
|-------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Legacy</i>            |  | API Number<br><i>30-005 01127</i> |  |
| Property Name<br><i>Dickey Queen Sand</i> |  | Well No.<br><i>53</i>             |  |

7. Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                         |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|-------------------------|
| UL - Lot<br><i>H</i> | Section<br><i>22</i> | Township<br><i>14S</i> | Range<br><i>31E</i> | Feet from<br><i>1640</i> | N/S Line<br><i>N</i> | Feet From<br><i>990</i> | E/W Line<br><i>E</i> | County<br><i>Chaves</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|-------------------------|

Well Status

|                         |    |                       |    |                        |     |                        |     |                         |
|-------------------------|----|-----------------------|----|------------------------|-----|------------------------|-----|-------------------------|
| TA'D WELL<br><i>YES</i> | NO | SHUT-IN<br><i>YES</i> | NO | INJECTOR<br><i>INJ</i> | SWD | PRODUCER<br><i>OIL</i> | GAS | DATE<br><i>12/10/15</i> |
|-------------------------|----|-----------------------|----|------------------------|-----|------------------------|-----|-------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | <i>φ</i>   | <i>N/A</i>   | <i>N/A</i>   | <i>φ</i>    | <i>φ</i>                                                   |
| Flow Characteristics |            |              |              |             |                                                            |
| Puff                 | <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.

|                                  |        |                              |  |
|----------------------------------|--------|------------------------------|--|
| Signature: <i>Aldo Ferriz</i>    |        | OIL CONSERVATION DIVISION    |  |
| Printed name: <i>Aldo Ferriz</i> |        | Entered into RBDMS <i>CB</i> |  |
| Title:                           |        | Re-test                      |  |
| E-mail Address:                  |        |                              |  |
| Date: <i>12/10/15</i>            | Phone: |                              |  |
| Witness: <i>[Signature]</i>      |        |                              |  |

INSTRUCTIONS ON BACK OF THIS FORM

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