

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

HOBBS OCD

MAY 01 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>		API Number <i>30-005-29182</i>
Property Name <i>Rock Queen</i>		Well No. <i>313</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>34</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>500</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL ☒ YES	☒ NO	SHUT-IN ☐ YES	☒ NO	INJECTOR ☒ INJ	SWD ☐	OIL ☐	PRODUCER ☐	GAS ☐	DATE <i>4/10/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>600</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	<i>Y</i> / N	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>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:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>4/10/17</i>	Phone:	<i>[Signature]</i>	
Witness: <i>[Signature]</i>			