

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

HOBBS OCD

MAY 01 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Legacy</i>		API Number <i>30-005-29192</i>
Property Name <i>Rock Queen</i>		Well No. <i>301</i>

7. Surface Location

UL - Lot <i>D</i>	Section <i>25</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>860</i>	E/W Line <i>W</i>	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	-------------------------

Well Status

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

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	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</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>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid 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.

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>			