

District 1  
1625 N. French Dr., Hobbs, NM 88240  
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HOBBS OCD

NOV 13 2017

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

RECEIVED

BRADENHEAD TEST REPORT

|                                                      |                                 |
|------------------------------------------------------|---------------------------------|
| Operator Name<br><u>Legacy Reserves Operating LP</u> | API Number<br><u>3002523770</u> |
| Property Name<br><u>L.M.P.S.V.</u>                   | Well No.<br><u>84</u>           |

2 Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><u>E</u> | Section<br><u>21</u> | Township<br><u>22S</u> | Range<br><u>37E</u> | Feet from<br><u>1780</u> | N/S Line<br><u>N</u> | Feet From<br><u>330</u> | E/W Line<br><u>W</u> | County<br><u>Lea</u> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well-Status

|                                                                            |                                                                          |                              |                                   |                              |                                                  |                              |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|-----------------------------------|------------------------------|--------------------------------------------------|------------------------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ<br><input type="radio"/> | INJECTOR<br><input type="radio"/> | SWD<br><input type="radio"/> | OIL PRODUCER<br><input checked="" type="radio"/> | GAS<br><input type="radio"/> | DATE<br><u>11/2/17</u> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|-----------------------------------|------------------------------|--------------------------------------------------|------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing     |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure             | <u>0</u>   |              |              | <u>60</u>   | <u>60</u>     |
| Flow Characteristics |            |              |              |             |               |
| Puff                 | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | CO2 <u>  </u> |
| Steady Flow          | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | WTR <u>  </u> |
| Surges               | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | GAS <u>  </u> |
| Down to nothing      | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | Type of Fluid |
| Gas or Oil           | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | Injected for  |
| Water                | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | 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: <u>[Signature]</u>      | OIL CONSERVATION DIVISION |
| Printed name: <u>Steve D. Hays</u> | Entered into RBDMS        |
| Title: <u>Prod Foreman</u>         | Re-test <u>X 7</u>        |
| E-mail Address:                    |                           |
| Date: <u>11/2/17</u>               | Phone:                    |
| Witness:                           |                           |