

HOBBS OCD

MAR 11 2015

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

BRADENHEAD TEST REPORT

|                                               |                                         |                                  |
|-----------------------------------------------|-----------------------------------------|----------------------------------|
| RECEIVED<br><i>Legacy Reserves</i>            | Operator Name<br><i>Legacy Reserves</i> | API Number<br><i>30025 33785</i> |
| Property Name<br><i>Skelly Penrose A Unit</i> |                                         | Well No.<br><i>86</i>            |

| Surface Location     |                     |                        |                     |  |                           |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--|---------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>J</i> | Section<br><i>3</i> | Township<br><i>23S</i> | Range<br><i>37E</i> |  | Feet from<br><i>2195'</i> | N/S Line<br><i>S</i> | Feet From<br><i>2583</i> | E/W Line<br><i>E</i> | County<br><i>Lee</i> |

| Well Status                                                                      |                                                                     |                                                                       |                                                                       |                        |  |  |  |  |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|--|--|--|--|--|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR<br><input type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><i>3/11/15</i> |  |  |  |  |  |

OBSERVED DATA

|                      | (A)Surface       | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg      | (E)Tubing                     |
|----------------------|------------------|--------------|--------------|------------------|-------------------------------|
| Pressure             | <i>0 Nothing</i> |              |              | <i>0 Nothing</i> |                               |
| Flow Characteristics |                  |              |              |                  |                               |
| Pull                 | Y / N            | Y / N        | Y / N        | Y / N            | CO2 <input type="checkbox"/>  |
| Steady Flow          | Y / N            | Y / N        | Y / N        | Y / N            | WTR <input type="checkbox"/>  |
| Surges               | Y / N            | Y / N        | Y / N        | Y / N            | GAS <input type="checkbox"/>  |
| Down to nothing      | Y / N            | Y / N        | Y / N        | Y / N            | Type of Fluid<br>Injected for |
| Gas or Oil           | Y / N            | Y / N        | Y / N        | Y / N            | Waterflood if<br>applies      |
| Water                | Y / N            | Y / N        | Y / N        | Y / N            |                               |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Run MTS TA Ext Test also*

*BS 3/18/2015*

|                                              |                            |
|----------------------------------------------|----------------------------|
| Signature: <i>Steven Dittman</i>             | OIL CONSERVATION DIVISION  |
| Printed name: <i>Steven Dittman</i>          | Entered into RBDMS         |
| Title: <i>Well Tech</i>                      | Re-test                    |
| E-mail Address: <i>sdittman@legacylp.com</i> |                            |
| Date: <i>3/11/15</i>                         | Phone: <i>432 312 4757</i> |
| Witness: <i>Bill Senanah Oct</i>             |                            |

INSTRUCTIONS ON BACK OF THIS FORM

MAR 18 2015