

HOBBS OCD

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

NOV 19 2015

BRADENHEAD TEST REPORT

RECEIVED

| | |
|--|---------------------------|
| Operator Name Legacy Reserves Operations LP | *API Number 3002511475 |
| Property Name LJU | Well No. 31 |

2. Surface Location

| | | | | | | | | |
|---------------|--------------|-----------------|--------------|------------------|---------------|------------------|---------------|---------------|
| UL - Lot D | Section 6 | Township 25S | Range 32E | Feet from 330 | N/S Line N | Feet From 929 | E/W Line W | County Lea |
|---------------|--------------|-----------------|--------------|------------------|---------------|------------------|---------------|---------------|

Well Status

| | | | | | | | | |
|------------------|----|----------------|----|-----------------|-----|---------------------|-----|------|
| TA'D WELL YES | NO | SHUT-IN YES | NO | INJECTOR INJ | SWD | OIL PRODUCER OIL | GAS | DATE |
|------------------|----|----------------|----|-----------------|-----|---------------------|-----|------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csmg | (E)Tubing |
|----------------------|------------|--------------|--------------|--------------|---------------|
| Pressure | | | | | |
| Flow Characteristics | | | | | |
| Pull | Y / N | Y / N | Y / N | Y / N | CO2 ____ |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR ____ |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS ____ |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | Type of Fluid |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | Injected for |
| Water | Y / N | Y / N | Y / N | Y / N | 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.

Well Plugged

| | |
|----------------------------|---------------------------------------|
| Signature: <i>Dter Dtt</i> | 11/24/15 OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS <i>BS</i> |
| Title: | Re-test |
| E-mail Address: | |
| Date: | Phone: |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM

NOV 30 2015