

DEC 01 2015

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

RECEIVED

BRADENHEAD TEST REPORT

|                                                        |                                  |
|--------------------------------------------------------|----------------------------------|
| Operator Name<br><i>Legacy Resources Operations LP</i> | *API Number<br><i>3002510581</i> |
| Property Name<br><i>SPAUV</i>                          | Well No.<br><i>1</i>             |

2. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>K</i> | Section<br><i>34</i> | Township<br><i>22S</i> | Range<br><i>37E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>S</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                        |                                                    |                                        |                                 |                                      |                                 |                                         |                                      |                                 |                        |
|------------------------------------------------------|----------------------------------------|----------------------------------------------------|----------------------------------------|---------------------------------|--------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------|---------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | SHUT-IN<br><input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | INJ<br><input type="checkbox"/> | INJECTOR<br><input type="checkbox"/> | SWD<br><input type="checkbox"/> | <input checked="" type="checkbox"/> OIL | PRODUCER<br><input type="checkbox"/> | GAS<br><input type="checkbox"/> | DATE<br><i>6/17/15</i> |
|------------------------------------------------------|----------------------------------------|----------------------------------------------------|----------------------------------------|---------------------------------|--------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------|---------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface                                                         | (B)Interm(1)                                            | (C)Interm(2)                                            | (D)Prod Csg                                             | (E)Tubing                                                  |
|----------------------|--------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|
| Pressure             | <i>40</i>                                                          |                                                         |                                                         | <i>40</i>                                               | <i>40</i>                                                  |
| Flow Characteristics |                                                                    |                                                         |                                                         |                                                         |                                                            |
| Puff                 | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | CO2 <input type="checkbox"/>                               |
| Steady Flow          | <input type="checkbox"/> Y / <input type="checkbox"/> N            | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | WTR <input type="checkbox"/>                               |
| Surges               | <input type="checkbox"/> Y / <input type="checkbox"/> N            | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | GAS <input type="checkbox"/>                               |
| Down to nothing      | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N |                                                            |
| Water                | <input type="checkbox"/> Y / <input type="checkbox"/> N            | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N |                                                            |

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

*A. Gas*

*BS 12/9/15*

|                                       |                            |
|---------------------------------------|----------------------------|
| Signature: <i>Steven R. Patten</i>    | OIL CONSERVATION DIVISION  |
| Printed name: <i>Steven R. Patten</i> | Entered into RBDMS         |
| Title: <i>Well Tech</i>               | Re-test                    |
| E-mail Address:                       |                            |
| Date: <i>8/27/15</i>                  | Phone: <i>432 312 4757</i> |
| Witness:                              |                            |

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015

*IN  
RBDMS  
GMB*