

MAY 23 2016

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

BRADENHEAD TEST REPORT

|                                                      |                      |                        |                     |  |                                   |                      |                         |                      |                      |
|------------------------------------------------------|----------------------|------------------------|---------------------|--|-----------------------------------|----------------------|-------------------------|----------------------|----------------------|
| Operator Name<br><b>LEGACY RESERVES OPERATING LP</b> |                      |                        |                     |  | API Number<br><b>30-025-09630</b> |                      |                         |                      |                      |
| Property Name<br><b>COOPER JAL UNIT</b>              |                      |                        |                     |  | Well No.<br><b>203</b>            |                      |                         |                      |                      |
| 7. Surface Location                                  |                      |                        |                     |  |                                   |                      |                         |                      |                      |
| UL - Lot<br><b>E</b>                                 | Section<br><b>24</b> | Township<br><b>24S</b> | Range<br><b>36E</b> |  | Feet from<br><b>1980</b>          | N/S Line<br><b>N</b> | Feet From<br><b>760</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |

Well Status

|                  |           |                |           |            |                 |                 |     |                       |
|------------------|-----------|----------------|-----------|------------|-----------------|-----------------|-----|-----------------------|
| TA'D WELL<br>YES | <b>NO</b> | SHUT-IN<br>YES | <b>NO</b> | <b>INJ</b> | INJECTOR<br>SWD | PRODUCER<br>OIL | GAS | DATE<br><b>5/2/16</b> |
|------------------|-----------|----------------|-----------|------------|-----------------|-----------------|-----|-----------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing     |
|----------------------|--------------|--------------|--------------|--------------|---------------|
| Pressure             | <b>10</b>    |              |              | <b>10</b>    | <b>470</b>    |
| Flow Characteristics |              |              |              |              |               |
| Puff                 | Y / N        | Y / N        | Y / N        | <b>Y / N</b> | CO2 —         |
| Steady Flow          | Y / N        | Y / N        | Y / N        | Y / N        | WTR <b>✓</b>  |
| Surges               | Y / N        | Y / N        | Y / N        | Y / N        | GAS —         |
| Down to nothing      | <b>Y / N</b> | Y / N        | Y / N        | <b>Y / N</b> | Type of Fluid |
| Gas or Oil           | Y / N        | Y / N        | Y / N        | <b>Y / N</b> | 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.

**D. gas blew down to 10 in 2 seconds**

|                                              |                            |                              |  |
|----------------------------------------------|----------------------------|------------------------------|--|
| Signature: <b>Steve Dittman</b>              |                            | OIL CONSERVATION DIVISION    |  |
| Printed name: <b>STEVEN DITTMAN</b>          |                            | Entered into RBDMS <b>BD</b> |  |
| Title: <b>WELL TECH</b>                      |                            | Re-test                      |  |
| E-mail Address: <b>sdittman@legacylp.com</b> |                            |                              |  |
| Date: <b>5/2/16</b>                          | Phone: <b>432-312-4757</b> |                              |  |
| Witness:                                     |                            |                              |  |