

HOBBS OCD

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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>30-025-09620</b> |  |
| Property Name<br><b>COOPER JAL UNIT</b>              |  | Well No.<br><b>205</b>            |  |

Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>G</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>1650</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                         |           |                       |           |                        |     |                        |     |                        |
|-------------------------|-----------|-----------------------|-----------|------------------------|-----|------------------------|-----|------------------------|
| TA'D WELL<br><b>YES</b> | <b>NO</b> | SHUT-IN<br><b>YES</b> | <b>NO</b> | INJECTOR<br><b>INJ</b> | SWD | PRODUCER<br><b>OIL</b> | GAS | DATE<br><b>10/6/17</b> |
|-------------------------|-----------|-----------------------|-----------|------------------------|-----|------------------------|-----|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                               |
|----------------------|------------|--------------|--------------|----------------|-----------------------------------------|
| Pressure             | <b>725</b> |              |              | <b>725</b>     |                                         |
| Flow Characteristics |            |              |              |                |                                         |
| Pull                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | Type of Fluid                           |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | Injected for                            |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>     | 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.

A D Gas

|                                              |                           |
|----------------------------------------------|---------------------------|
| Signature: <b>STEVEN DITTMAN</b>             | OIL CONSERVATION DIVISION |
| Printed name: <b>STEVEN DITTMAN</b>          | Entered into RBDMS        |
| Title: <b>WELL TECH</b>                      | Re-test <b>OK</b>         |
| E-mail Address: <b>sdittman@legacylp.com</b> |                           |
| Date: <b>10/6/17</b>                         |                           |
| Phone: <b>432-312-4757</b>                   |                           |
| Witness:                                     |                           |