

NOV 08 2017

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>3002527073</i> |
| Property Name<br><i>Jal Mat Yates</i>                  | Well No.<br><i>10</i>           |

2. Surface Location

|                    |                     |                        |                     |                          |                      |                          |                      |                      |
|--------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| W. Lot<br><i>M</i> | Section<br><i>7</i> | Township<br><i>25S</i> | Range<br><i>37E</i> | Feet from<br><i>1260</i> | N/S Line<br><i>S</i> | Feet from<br><i>1250</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 type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ | SWD | OIL | PRODUCER | GAS | DATE<br><i>10/4/17</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|-----|-----|----------|-----|------------------------|

OBSERVED DATA

|                      | (A) Surface | (B) Intern(1) | (C) Intern(2) | (D) Prod Casing | (E) Tubing           |
|----------------------|-------------|---------------|---------------|-----------------|----------------------|
| Pressure             | <i>X</i>    |               |               | <i>X</i>        | <i>X</i>             |
| Flow Characteristics |             |               |               |                 |                      |
| Puff                 | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | CO2 —                |
| Steady Flow          | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | WTR <i>✓</i>         |
| Surges               | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | GAS —                |
| Down to nothing      | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | Type of Fluid        |
| Gas or Oil           | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | Injected by          |
| Water                | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>      | Waterhead & applies. |

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

*A.O.*

|                                    |                           |
|------------------------------------|---------------------------|
| Signature: <i>Steve Dittman</i>    | OIL CONSERVATION DIVISION |
| Printed name: <i>Steve Dittman</i> | Entered into RBDMS        |
| Title: <i>Production Foreman</i>   | Re-test                   |
| E-mail Address:                    |                           |
| Date: <i>10/4/17</i>               | Phone:                    |
| Witness:                           |                           |