

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

APR 21 2020

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

RECEIVED

BRADENHEAD TEST REPORT

|                                                      |                                     |
|------------------------------------------------------|-------------------------------------|
| Operator Name<br><b>LEGACY RESERVES OPERATING LP</b> | * API Number<br><b>30-025-27020</b> |
| Property Name<br><b>JALMAT YATES UNIT</b>            | Well No.<br><b>8</b>                |

1. Surface Location

|                      |                      |                        |                     |  |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>O</b> | Section<br><b>12</b> | Township<br><b>25S</b> | Range<br><b>36E</b> |  | Feet from<br><b>350</b> | N/S Line<br><b>S</b> | Feet From<br><b>2500</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                  |                                     |                |                                     |                                      |                 |                 |     |                       |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | INJECTOR<br>SWD | OIL<br>PRODUCER | GAS | DATE<br><b>4-8-20</b> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|

OBSERVED DATA

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

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

|                                    |                           |
|------------------------------------|---------------------------|
| Signature: <i>Dustin Reeder</i>    | OIL CONSERVATION DIVISION |
| Printed name: <b>DUSTIN REEDER</b> | Entered into RBDMS        |
| Title: <b>PRODUCTION TECH</b>      | Re-test <i>X</i>          |
| E-mail Address:                    |                           |
| Date: <b>4-8-20</b>                |                           |
| Phone:                             |                           |
| Witness:                           |                           |