

1. OPERATOR NAME exactly as on P-5, Organization Report LEGACY RESERVES OPERATING LP		2. OPERATOR P-5 NO. 495445		3. RRC DISTRICT NO. 08	
4. OPERATOR ADDRESS including city, state, and zip code P.O. BOX 10848 MIDLAND, TX 79702		5. FIELD NAME exactly as on Proration Schedule SHAFTER LAKE (CLEAR FORK)			
7. HISTORICAL WELLBORE DATE Month / Day / Year <input type="checkbox"/> Drilling (spud) date of wellbore <input type="checkbox"/> Earliest completion date in wellbore (if drilling date unknown)		8. OIL LEASE OR GAS ID NO. 48797		9. WELL NO. 4	
10. DATE TEST PERFORMED 03/31/2020		11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface) 1600'		12. COUNTY ANDREWS	
13. API NO. 42- 003-01426		14. TYPE OF TEST. COMPLETE EITHER A. OR B. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> A. Annual Fluid Level Test. Top of fluid in wellbore: _____ (give total depth of wellbore if no fluid is encountered) Determined by: <input type="checkbox"/> sonic survey <input type="checkbox"/> wireline <input type="checkbox"/> visual (be used only when the top of fluid is visible from surface) <input type="checkbox"/> Other; specify _____ Performed by: (name of individual and company) _____ </div> <div style="width: 48%; border-left: 1px dashed black; padding-left: 10px;"> <input checked="" type="checkbox"/> B. Mechanical Integrity Test. Type of mechanical integrity test performed (check one): <input checked="" type="checkbox"/> Hydraulic Pressure - cast iron bridge plug/packer depth: SET CIBP @ 6472' <input type="checkbox"/> other: (specify) _____ Reason for mechanical integrity test (check one): <input checked="" type="checkbox"/> Substitute for annual fluid level test <input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997) </div> </div>			
15. OPERATOR REMARKS WELL WAS TA'D. RRC JOB #218345		16. LOCATION. See Instruction No. 3 section: _____ block: _____ abstract: _____ survey: _____ well - perpendicular surface location from two nearest survey lines: <div style="display: flex; justify-content: space-between;"> <div>feet from</div> <div>line and</div> </div> <div style="display: flex; justify-content: space-between;"> <div>feet from</div> <div>line.</div> </div>			

CERTIFICATION. I declare under felony conviction penalties prescribed in Texas Natural Resources Code, 91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge, that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.

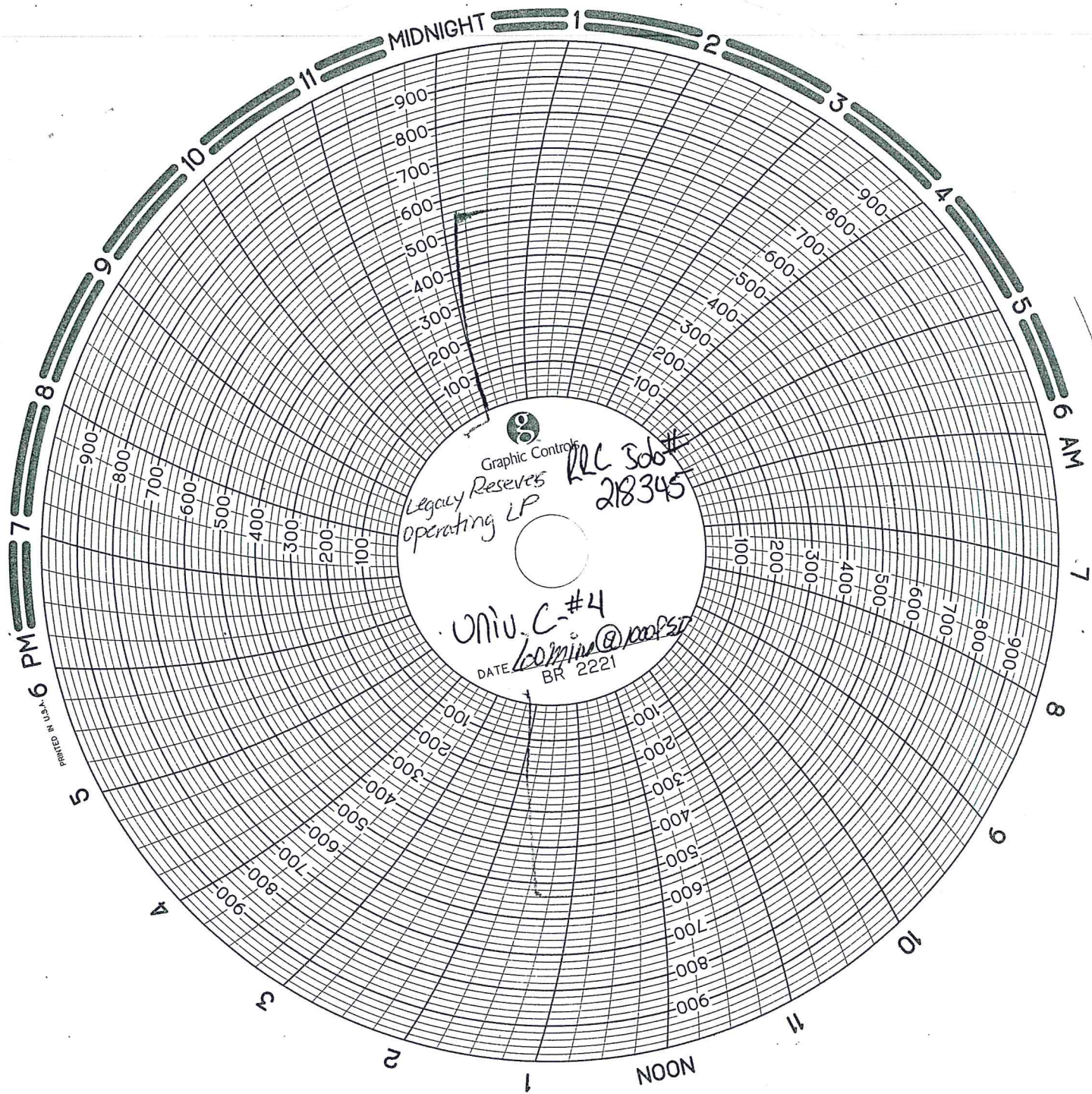
Signature

MELANIE REYES
 Name (print or type)

COMPLIANCE COORDINATOR
 Title

04/23/2020
 Date

() **(432) 221-6358**
 Phone



HARVEY'S SERVICING, INC
Company Legacy Reserves Operating LP
Lease Northern #4

TBG PSI NO
Casing PSI 540

Time 9:00 AM

Date 3-31-20

Driver Seth Hestand

RRC Job # 218345

Abdul Salem
3/31/20