

Office

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240

District II – (575) 748-1283

811 S. First St., Artesia, NM 88210

District III – (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV – (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

Energy, Minerals and Natural Resources

Revised August 1, 2011

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-30167

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SKELLY PENROSE A UNIT

8. Well Number 68

9. OGRID Number
24097410. Pool name or Wildcat
LANGLIE MATTIX; 7 RVRS-Q-GRYBG

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION2. Name of Operator
LEGACY RESERVES OPERATING LP3. Address of Operator
P.O. BOX 10848 MIDLAND, TX 79702

4. Well Location

Unit Letter N : 95 feet from the SOUTH line and 2524 feet from the WEST line
Section 3 Township 23S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: 5 YEAR MIT TEST-UIC PURPOSES ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/20/16 – 5 YEAR MIT, PRESSURE CASING TO 580#. NMOCN NOTIFIED BUT DID NOT WITNESS, CHART ATTACHED.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

COMPLIANCE COORDINATOR

DATE

06/09/2016

Type or print name

LAURA PINA

E-mail address:

lpina@legacyp.com

PHONE:

432-689-5200

For State Use Only

APPROVED BY:

TITLE

Dist Supervisor

DATE

6/14/2016

Conditions of Approval (if any):

5

MIDNIGHT

Graphic Controls

SPA#68

DATE 05-20-16
BR 2221

DR 2221

HOB

1000

1000

700

NOON

Date 5/12/16

1000# Clear

Base Diff. field

Base 235-376

NS-233-016

SPAC# 68

500353-016

Regway

SPAC# 68

500353-016

5 Year test

Start 588#

End 588#

Date 5/12/16

1000# Clear

Base Diff. field

Base 235-376

NS-233-016

SPAC# 68

500353-016

Regway

SPAC# 68

500353-016

JUN 13 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves Operations</u>	API Number <u>3002530167</u>
Property Name <u>SPAV</u>	Well No. <u>68</u>

7. Surface Location

UL - Lot <u>N</u>	Section <u>3</u>	Township <u>23S</u>	Range <u>37E</u>	Feet from <u>95</u>	N/S Line <u>S</u>	Feet From <u>2524</u>	E/W Line <u>W</u>	County <u>Leq</u>
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Well Status

TA'D WELL YES <u>(NO)</u>	SHUT-IN YES <u>(NO)</u>	INJECTOR <u>(INJ)</u>	SWD	PRODUCER OIL	GAS	DATE <u>5/20/16</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<u>Q</u>	<u>Q</u>	<u>Q</u>	<u>Q</u>	<u>550</u>
Flow Characteristics					
Puff	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	CO2 <u>—</u>
Steady Flow	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	WTR <u>✓</u>
Surges	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	GAS <u>—</u>
Down to nothing	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	Type of Fluid
Gas or Oil	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	Injected for
Water	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / 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.

A-B-C-D Gas

Signature: <u>Steven Dittman</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven Dittman</u>	Entered into RBDMS <u>MSB</u>
Title: <u>Well Tech</u>	Re-test
E-mail Address:	
Date: <u>5/20/16</u>	Phone:
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM