

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| | |
|---|---|
| WELL API NO. 30-025-26869 | ✓ |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | ✓ |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name JALMAT YATES UNIT | ✓ |
| 8. Well Number 14 | ✓ |
| 9. OGRID Number 240974 | ✓ |
| 10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |

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 INJECTOR ✓

2. Name of Operator

LEGACY RESERVES OPERATING LP ✓

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter B : 1100 feet from the NORTH line and 2530 feet from the EAST line ✓

Section 13 Township 25S Range 36E NMPM County LEA

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 ☐

CLOSED-LOOP SYSTEM ☐

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.

04/06/16 - 5 YEAR MIT. PRESSURE CASING TO 560#, HELD FOR 30 MINS. WITNESSED BY CARL FLOWERS-NMOCD, 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.

cf

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 05/04/2016

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Sarmamah TITLE Staff Manager DATE 5.25.16

Conditions of Approval (if any):

cf

Graphic Controls

DATE 4/6/16
BR 2221

Legacy Reserves Operating
Jalmat Yates Unit # 14
B13-T255-R36E
30-025-26869

5 year TEST

Start 5600#

End 560#

Time 33 min

Carl Flowers JCD

Benco Hot oil
loop # / location
Cal Date 3/10/16

BR
5-25-16

HOBBS OGD

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

MAY 09 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 Resources Operating</u> ✓ | API Number <u>30-025-26869</u> ✓ |
| Property Name <u>Tal mat Yates Unit</u> ✓ | Well No. <u>14</u> ✓ |

| | | | | | | | | | |
|----------------------|----------------------|------------------------|----------------------|--|--------------------------|----------------------|--------------------------|----------------------|------------------------|
| 7. Surface Location | | | | | | | | | |
| UL - Lot <u>B</u> | Section <u>13</u> | Township <u>25S</u> | Range <u>36 E</u> | | Feet from <u>1100</u> | N/S Line <u>N</u> | Feet From <u>2530</u> | E/W Line <u>E</u> | County <u>Lea</u> ✓ |

| | | | | | | | | | |
|------------------|-----------|----------------|-----------|------------|-----------------|-----------------|-----|-----------------------|--|
| Well Status | | | | | | | | | |
| TA'D WELL YES | <u>NO</u> | SHUT-IN YES | <u>NO</u> | <u>INJ</u> | INJECTOR SWD | PRODUCER OIL | GAS | DATE <u>4/6/16</u> | |

OBSERVED DATA

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

| | | |
|-----------------|----------------------|------------------------------|
| Signature: | <u>B8 5-25-16</u> | OIL CONSERVATION DIVISION |
| Printed name: | | Entered into RBDMS <u>CF</u> |
| Title: | | Re-test |
| E-mail Address: | | |
| Date: | Phone: | |
| Witness: | <u>Carol Flowers</u> | |

INSTRUCTIONS ON BACK OF THIS FORM