

Submit 1 Copy To Appropriate District 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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

| |
|---|
| WELL API NO. 30-025-26896 |
| 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 11 |
| 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 C : 122 feet from the NORTH line and 1350 feet from the WEST line
Section 18 Township 25S Range 37E 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.

04/07/16 - 5 YEAR MIT. PRESSURE CASING TO 560#, HELD FOR 30 MINS. WITNESSED BY GEORGE BOWER-NMOC, 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 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 Seman TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE 4/7/16
BR 2221

NOON

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

900

800

700

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HOBBS OCD

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 <i>Legacy</i> | API Number <i>30-025-26896</i> |
| Property Name <i>Salmar Yates</i> | Well No. <i>11</i> |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot <i>C</i> | Section <i>18</i> | Township <i>25S</i> | Range <i>37E</i> | Feet from <i>102</i> | N/S Line <i>N</i> | Feet From <i>1350</i> | E/W Line <i>W</i> | County <i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | | | |
|----------------------------|--------------------------|------------------------|-----|-----------------|-----|-----------------------|
| TA'D WELL YES <i>NO</i> | SHUT-IN YES <i>NO</i> | INJECTOR <i>INJ</i> | SWD | PRODUCER OIL | GAS | DATE <i>4/2/16</i> |
|----------------------------|--------------------------|------------------------|-----|-----------------|-----|-----------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing |
|-----------------------------|------------|--------------|--------------|--------------|------------------------|
| Pressure | <i>φ</i> | <i>n/a</i> | <i>n/a</i> | <i>φ</i> | <i>375</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | CO2 <i>Y</i> |
| Steady Flow | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | WTR <i>Y</i> |
| Surges | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | GAS <i>Y</i> |
| 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 for |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | 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: | <i>BS 5-25-16</i> |
| Printed name: | OIL CONSERVATION DIVISION |
| Title: | Entered into RBDMS <i>CB</i> |
| E-mail Address: | Re-test |
| Date: <i>4/2/16</i> | Phone: |
| Witness: <i>[Signature]</i> | |