

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. 30-025-27020
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 8
9. OGRID Number 240974
10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS

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 O : 350 feet from the SOUTH line and 2500 feet from the EAST line
Section 12 Township 25S Range 36E 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 ☐
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 540#, 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.

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: Bil Samanah TITLE Staff Manager DATE 5-25-16

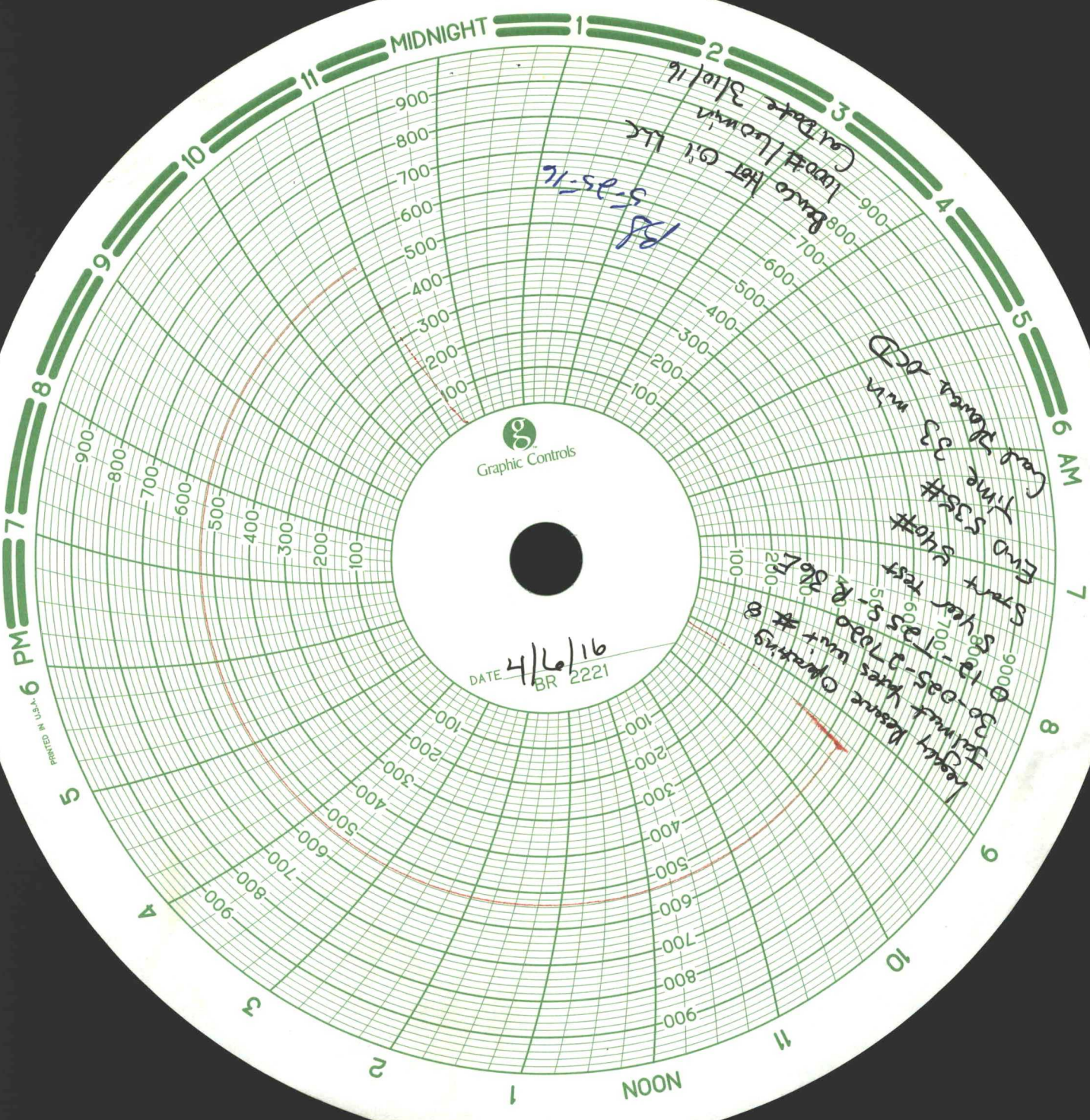
Conditions of Approval (if any):



DATE 4/6/16
BR 2221

Leaky Resonance Operating
Frequency 13.055-17.030
36-40 MHz unit # 8
Start test 55-60 MHz
End 535-#
Time 33 min
Car flow meter O.C.D.

Bravo Hot Oil LLC
Lubbock, Lubbock
Car Date 3/10/16
5-25-16
BJ



PRINTED IN U.S.A.

HOBBS OGD

District 1

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 <i>Legacy Reserves Operating</i>		API Number <i>30-025-27020</i>	
Property Name <i>Talmut Yates Unit</i>		Well No. <i>8</i>	

7. Surface Location									
UL - Lot <i>0</i>	Section <i>12</i>	Township <i>25S</i>	Range <i>36E</i>		Feet from <i>350</i>	N/S Line <i>S</i>	Feet From <i>2500</i>	E/W Line <i>E</i>	County <i>Lea</i>

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

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>(Y) / N</i>	CO2 <i>—</i>
Steady Flow	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	WTR <i>✓</i>
Surges	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	GAS <i>—</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>CF</i>	
E-mail Address:		Re-test	
Date:	Phone:		
Witness: <i>Carl Flower</i>			

INSTRUCTIONS ON BACK OF THIS FORM