

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. 30-025-09558
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 306443
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 107
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat; Tansill-Yates-7Rvrs

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 ☐

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter K : 1650 feet from the SOUTH line and 1980 feet from the WEST line  
Section 13 Township 24S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3316' GL

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: MIT for TA ☒

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.

CIBP set @ 3020' with 10' of cement.

06/13/16 – Ran MIT, pressure casing to 560#. Witnessed by George Bower-NMOCD, chart attached. Well is now TA'd.

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 06/20/2016

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

For State Use Only

APPROVED BY: George Bower TITLE Compliance Officer DATE 6/24/16  
Conditions of Approval (if any):



PRINTED IN U.S.A. 6 PM

5

A

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NOON

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MIDNIGHT

Graphic Controls

DATE 6/13/16  
BR 2221

Legacy  
Cooper Jal #107

30-005-09558

K-13-245-364

1/4 Sums

Cal. Date 3/10/16

1000#  
Start 560#  
End 520#  
32min

*[Signature]*

*[Signature]*

HOBBS OCD  
JUN 23 2016  
RECEIVED

*[Signature]*



JUN 23 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	API Number <i>30-025-09558</i>
Property Name <i>Cooper JAL</i>	Well No. <i>107</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>13</i>	Township <i>24S</i>	Range <i>36E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>La</i>
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE <i>6/13/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</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 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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.

*T/A STATUS B.H.T. OK gub*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>6/13/16</i>	Phone:
Witness: <i>[Signature]</i>	