Submit I Copy To Appropriate District State of New Mex Office Energy, Minerals and Natura					
District I – (575) 393-6161 Energy, Minerals and Natura 1625 N. French Dr., Hobbs, NM 88240	WELL API NO. /				
District II - (575) 748-1283 811 S. First St. Artesia NM 88210 OIL CONSERVATION I	DIVISION 30-025-11136				
Bill S. First St., Artesia MA88210 District III - (505) 38440185 OCD 1220 South St. France	is Dr. 5. Indicate Type of Lease STATE FEE FED				
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460, J F 2010 Santa Fe, NM 875					
District IV – (505) 476-3460 1220 S. St. Francis Dr., Sanua Fe, NM 875 87505					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR					
PROPOSALS.)	COOPER JAL UNIT 8. Well Number 145				
1. Type of Well: Oil Well Gas Well Other INJECTION 2. Name of Operator Image: Content of	9. OGRID Number				
LEGACY RESERVES OPERATING LP	240974				
3. Address of Operator	10. Pool name or Wildcat				
PO BOX 10848, MIDLAND, TX 79702 4. Well Location	Jalmat;T-Y-7Rvrs;Langlie Mattix;7R-Q-G				
	I line and 1980 feet from the EAST line				
Unit Letter <u>G</u> : <u>1980</u> feet from the <u>NORTH</u> Section <u>18</u> Township 24S	Range 37E NMPM County LEA				
11. Elevation (Show whether DR, H					
3293' GL					
12. Charle Among wints Day to Indiana Na	And the Demonstrate Other Deter				
12. Check Appropriate Box to Indicate Nat	•				
	SUBSEQUENT REPORT OF:				
	REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A				
OTHER: 13. Describe proposed or completed operations. (Clearly state all pe	OTHER: PRESSURE TEST-UIC PURPOSES				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of					
proposed completion or recompletion.					
10/25/18 – RAN MIT, PRESSURE CASING TO 600#. WITNESSEI	DRY GEORGE BOWER-NMOCD CHART				
ATTACHED.					
	· · · ·				
]]				
Spud Date: Rig Release Date	».				
I hereby certify that the information above is true and complete to the bes	t of my knowledge and belief				
Thereby certify that the information above is true and complete to the bes	tor my knowledge and benef.				
SIGNATURE WITH WA TITLE COMPL	JANCE COORDINATOR DATE 11/12/2018				
Type or print name LAURA PINA E-mail address: _lpina@legacylp.com PHONE: _432-689-5200 For State Use Only /					
APPROVED BY: Some Some TITLE Omplance Supervisa DATE 11/16/18					
Conditions of Approval (if any):					

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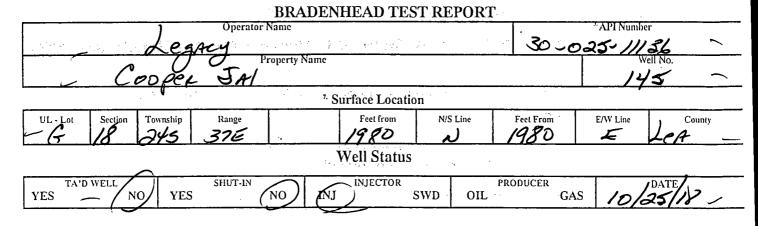
hobbs ocd

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

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RECEIVED



OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure				Ø	Ø
Flow Characteristics					
Pulī	D N	Y / N	Y / N	1 M N	- CO2
Steady Flow	Y IN	Y/N	Y/N	Y/D	WTR GAS
Surges	Y/XO	Y / N	Y / N	Y/D	Type of Fluid
Down to nothing	() N	Y/N	Y/N	O N	Injected for
Gas or Oil	Y A	Y/N	• Y / N	Y/N	Waterflood if applies
Water	Y/N)	Y/N	Y/N	Y/D	-

Γ	Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.			
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ſ	Signature:			

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test 🥎 🖌
E-mail Address:	
Date: 10/35/18	
Witness: Dout	

INSTRUCTIONS ON BACK OF THIS FORM

