

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. 30-025-38180
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 COOPER JAL UNIT
8. Well Number 501
9. OGRID Number 240974
10. Pool name or Wildcat JALMAT;TAN-YATES-7RVRS/LANGLIE MATTIX;7RVRS-Q-G
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3300' GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator LEGACY RESERVES OPERATING LP	
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	
4. Well Location Unit Letter <u>D</u> : <u>1310</u> feet from the <u>NORTH</u> line and <u>1248</u> feet from the <u>WEST</u> line Section <u>18</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3300' GR	

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 extension ☒

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.

09/12/19 Ran MIT, pressure casing to 560#. OCD notified, unable to witness, chart attached.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 9-12-20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: XZ

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 09/26/2019

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

For State Use Only

APPROVED BY: Ken Falt TITLE C.O. A DATE 10-10-19  
Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name <b>Legacy Reserves</b>		API Number <b>30-025-38180</b>	
Property Name <b>Looper Jal Unit</b>		Well No. <b>501</b>	

Surface Location									
UL - Lot <b>D</b>	Section <b>18</b>	Township <b>24S</b>	Range <b>37E</b>		Feet from <b>1300</b>	N/S Line <b>N</b>	Feet From <b>1248</b>	E/W Line <b>W</b>	County <b>Lea</b>

Well Status						DATE		
<input checked="" type="radio"/> YES TA'D WELL	NO	<input checked="" type="radio"/> YES SHUT-IN	NO	INJ	SWD	<input checked="" type="radio"/> OIL PRODUCER	GAS	<b>9-12-19</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure				<b>100</b>	<b>0</b>
<b>Flow Characteristics</b>					
Pull	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Injected for
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	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.

**D. Had pressure took few minutes to Blow down, blew down to 0 psi**

Signature: <b>Dustin Reeder</b>		OIL CONSERVATION DIVISION	
Printed name: <b>Dustin Reeder</b>		Entered into RBDMS	
Title: <b>Prod Tech</b>		Re-test	
E-mail Address: <b>dreeder@legacyreserves</b>		<b>X 7</b>	
Date: <b>9-12-19</b>	Phone:		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM