

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 88201
District III - (505) 334-1222
1000 Rio Brazos Rd., Las Alamos, NM 87141
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-09641
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 135
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat;T-Y-7Rvrs;Langlie Mattix;7R-Q-G

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 INJECTION

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter O : 990 feet from the SOUTH line and 1980 feet from the EAST line
Section 24 Township 24S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3312' 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: Pressure 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.

10/29/19 - Ran MIT, pressure casing to 350#. Witnessed by Kerry Fortner-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 10/31/2019

Type or print name LAURA PINA E-mail address: lpina@legacyp.com PHONE: 432-689-5200
For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O A DATE 11-15-19
Conditions of Approval (if any):

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON

1

2

3

4

5

6 PM

7

8

9

10

11

Graphic Controls

10-29-19

CJ 135

DATE BR 2221

STP
900-800-700-600-500-400-300-200-100
Cooper DAL Unit #135
30-025-0969
0 24 24-5 36-E
Sent BM 5927
Cal 8-26-19
10000 6000 3000
2000 1000 500
3200 3500
Kerry
Bus all field

900-800-700-600-500-400-300-200-100
2000 3000 4000 5000 6000 7000 8000 9000

25

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

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves Operating		API Number 30-025-09641
Property Name Cooper JAL Unit		Well No. 135

1. Surface Location

UL - Lot 0	Section 24	Township 24-S	Range 36-E	Feet from 990	N/S Line S	Feet From 1980	E/W Line E	County Lea
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Well Status

TA'D WELL YES	SHUT-IN NO	INJECTOR NO	SWD NO	OIL PRODUCER YES	GAS NO	DATE 10-29-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	NA	NA	0	760
Flow Characteristics					
Puff	Y / 0	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	Injected for
Water	Y / 0	Y / N	Y / N	Y / 0	Waterflood if

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

42 c TEST
Ben's Oilfield Serv
Ser# BM

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		XZ
Date:	Phone:	
Witness: Kerry Fortner - OCD		

399-3221

INSTRUCTIONS ON BACK OF THIS FORM