

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-005-27950	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 20165	
7. Lease Name or Unit Agreement Name MESCALERO SPRINGS STATE COM	
8. Well Number 2	
9. OGRID Number 240974	
10. Pool name or Wildcat WILDCAT MISSISSIPPIAN	
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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator LEGACY RESERVES OPERATING LP 3. Address of Operator P.O. BOX 10848, MIDLAND, TX 4. Well Location Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line Section 23 Township 11S Range 31E NMPM County CHAVES 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4451' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RAN MIT FOR TA EXTENSION <input checked="" type="checkbox"/>	

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.

FINAL extension

Legacy requests the current TA status be extended ~~for one year~~ due to the current situation the oil industry is in.

07/29/20 Ran MIT, pressured casing to 542#. OCD notified, but unable to witness. Chart is attached.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 1-29-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 2020

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

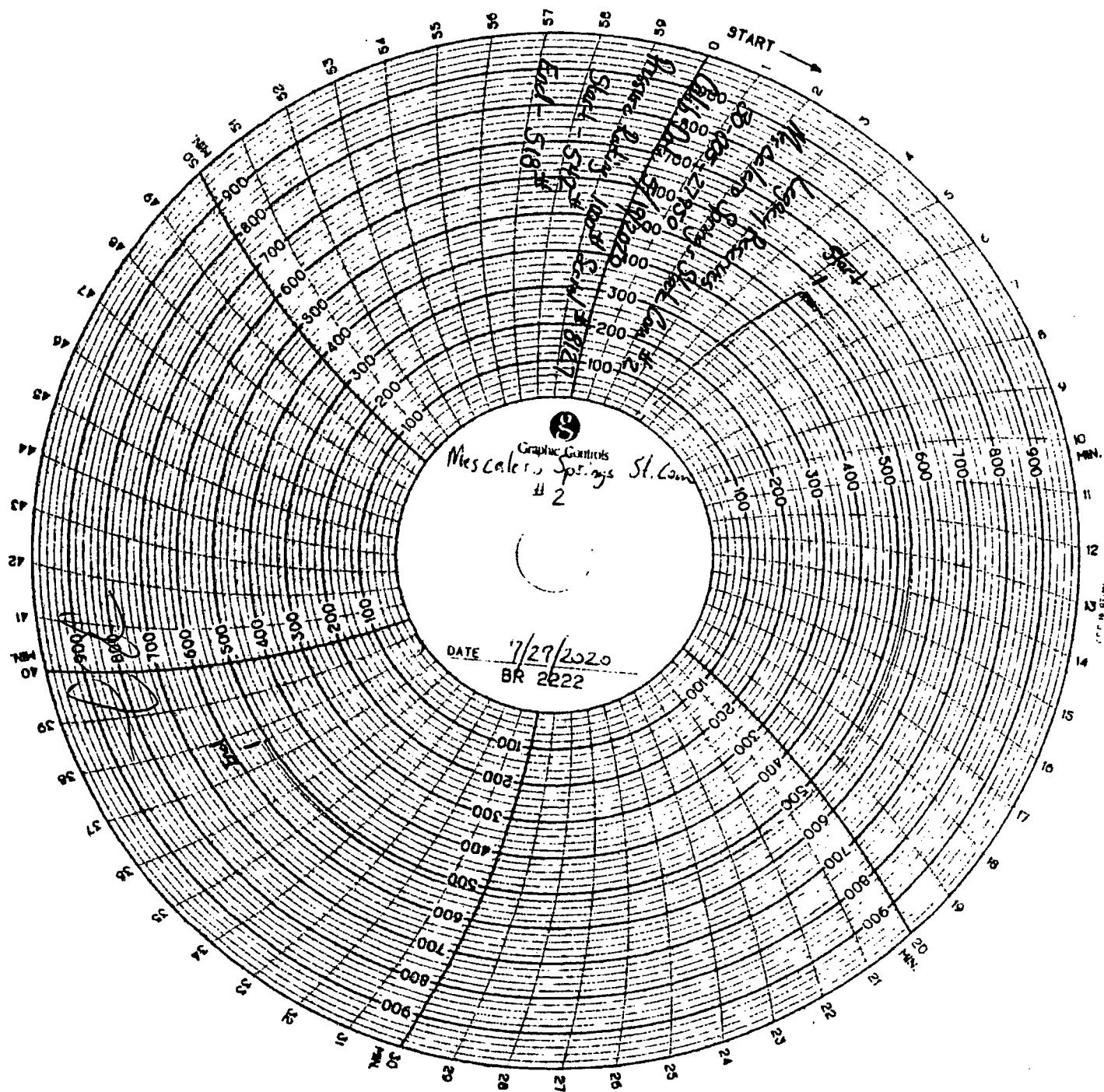
SIGNATURE MELANIE REYES TITLE COMPLIANCE COORDINATOR DATE 7/29/2020

Type or print name MELANIE REYES E-mail address: mreyes@legacyreserves.com PHONE: 432-221-6358

For State Use Only

APPROVED BY: Kerry Inte TITLE COA DATE 8-7-20

Conditions of Approval (if any):



State of New Mexico
 Enerw, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office
 Phone: (575) 393-6161 Fax. (575) 393-0720

BRADENHEAD TEST REPORT

Operators Name LEGACY RESERVES	API Number 30-005-27950
Property Name MESCALERO SPRINGS STATE COM	Well Number 2

SURFACE Location

Unit Letter	Section	Town ship	Range	Feet from	N-S Line	Feet from	E/W Line	County
0	23	11S	31E	660	S	1980	E	CHAVES

Well Status

TA'd	Shut In	Injector	Producer	Comments
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	

	(A)Surface	(B)Intermediate	(C)Intermediate	(D)Production	(E)Tubing	Type of Fluid
Pressure						C02 WTR GAS Injected for waterflood if annlies
Flow Characteristics						
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Steady Flow	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Surges	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Gas or Oil	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Water	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	

Please state for each

Signature: <i>Leo Hernandez</i>	OIL CONSERVATION DIVISION
Printed name: <i>Leo Hernandez</i>	
Title: <i>Well Tech</i>	Re-test
E-mail Address: <i>lhernandez@legacyk.com</i>	<i>7/27</i>
Date: <i>7/29/2020</i>	Witness:
Phone: <i>432 556 4246</i>	EMNRD/OCD