

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. 30-025-09644
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 134
9. OGRID Number 240974
10. Pool name or Wildcat Jalmit; T-Y-7R; 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTOR	
2. Name of Operator LEGACY RESERVES OPERATING LP	
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	
4. Well Location Unit Letter <u>N</u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>1650</u> feet from the <u>WEST</u> line Section <u>24</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3310' GL	

12. Check appropriate box to indicate Nature of Notice, Report or Other Data	
E-PERMITTING <SWD INJECTION> CONVERSION _____ RBDMS _____ RETURN TO _____ TA _____ CSNG _____ ENVIRO _____ CHG LOC _____ INT TO PA _____ P&A NFP _____ P&A R _____ CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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.

09/16/15 MIRU plugging equipment.

09/17/15 ND wellhead, NU BOP. POH w/ 90 jts tbg and packer. RIH and set CIBP @ 3396', displaced to 3149'. RIH and set 2nd CIBP @ 2991.

09/18/15 Circulated hole with MLF. Pressure tested csg, held 500 psi. Spot 25 sx cmt @ 2991, displaced to 2744. WOC. Tagged plug @ 1007'. POH w/ tbg. RIH w/ packer. Perf'd csg @ 340'. Squeezed 40 sx cmt @ 340-230' @ 550 psi. WOC.

09/21/15 POH w/ Packer. RIH w/ tbg, tagged plug @ 201. POH w/ tbg. Perf'd csg @ 100'. RIH w/ packer, pressured up 700 psi. RIH w/ tbg. Spot 20 sx cmt @ 201' to surface. ND BOP, top off well w/ cmt. Rigged down, moved off.

09/23/15 Download backhoe. Dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. Dug up deadmen. Cleaned location and moved off.

Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

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 REGULATORY TECH DATE 09/28/2015

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

For State Use Only

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 10/1/2015

Conditions of Approval (if any)

OCT 07 2015