

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 August 1, 2011

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-11147
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No. 306443
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name COOPER JAL UNIT
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</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>		8. Well Number <u>105</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3295' GL		9. OGRID Number 240974
		10. Pool name or Wildcat Jalmat;Tans-Y-7R/Langlie Mattix;7R-Q-G

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 ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: 5 YEAR MIT TEST ☒

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.

05/13/15 - 5 YEAR MIT. PRESSURE CASING TO 538#, HELD FOR 30 MINS. 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 12/09/2015

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

**For State Use Only**

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 12/16/15

Conditions of Approval (if any):

DEC 16 2015



