

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.	30-025-11290
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	141560
7. Lease Name or Unit Agreement Name	COOPER JAL UNIT
8. Well Number	228
9. OGRID Number	240974
10. Pool name or Wildcat	Jalmat; Tansill-Yates-7Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3267' GL

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 type="checkbox"/> Other <input type="checkbox"/> INJECTOR
2. Name of Operator LEGACY RESERVES OPERATING LP
3. Address of Operator P.O. BOX 10848, MIDLAND, TX 79702
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1917</u> feet from the <u>WEST</u> line Section <u>30</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3267' GL

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 checked="" 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: MIT <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.

Pulled injection equipment. Isolated production casing leak at 26'. Removed well head and backed off top 115' of production casing. Picked up new production casing and installed. Installed wellhead and pressured tested production casing, held. Installed injection equipment and rigged down. Ran MIT, pressure casing to 560#, held. Witnessed by George Bower-NMOCD. Chart attached. Return well to injection.

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 John Saenz TITLE OPERATIONS ENGINEER DATE 01/13/2016

Type or print name JOHN SAENZ E-mail address: jsaenz@legacylp.com PHONE: (432) 689-5200

For State Use Only

APPROVED BY: Bill Benavente TITLE Staff Manager DATE 1/15/16

Conditions of Approval (if any):

JAN 19 2016

MIDNIGHT

Graphic Controls

DATE

12/15/15

BR 2221

Legacy
Cooper JH #228
30-025-11290
30-025-11318
C.A. Data 8/17/15
1000 #
500 #
540 #
540 #
30 mi

[Signature]

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NOON

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