

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. 30-025-11654	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name JALMAT YATES UNIT	✓
8. Well Number 30	✓
9. OGRID Number 240974	✓
10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 INJECTOR ☒

2. Name of Operator  
LEGACY RESERVES OPERATING LP

3. Address of Operator  
PO BOX 10848, MIDLAND, TX 79702

4. Well Location  
Unit Letter K : 2310 feet from the SOUTH line and 2310 feet from the WEST line  
Section 18 Township 25S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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: 5 YEAR MIT 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.

04/07/16 – 5 YEAR MIT. PRESSURE CASING TO 545#, HELD FOR 30 MINS. WITNESSED BY CARL FLOWERS-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 05/04/2016

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

For State Use Only

APPROVED BY: Bill Serranah TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE

4/7/16  
BR 2221

legally business operating  
Jal mat Yates unit # 30  
K18-12558R37E  
30-025-11684

5 Year Test

Start 845 #

End 840 #

Time 33 min

Carl Thomas OSD

Benito Hot Oil 116  
1000 # 100 min  
Start 116  
Cal Date

BL 5-20-14

NOON

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

**HOBBS OCD**

MAY 09 2016

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

**BRADENHEAD TEST REPORT**

<b>RECEIVED</b>	Operator Name <i>Legacy Reserves Operating</i>	* API Number <i>30-025-11654</i>
	Property Name <i>Jalmar Yates Unit</i>	Well No. <i>30</i>

**7. Surface Location**

UL - Lot <i>K</i>	Section <i>18</i>	Township <i>25 S</i>	Range <i>37 E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>Lea</i>
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**Well Status**

YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	<i>INI</i>	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>4/7/16</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>			<i>Ø</i>	<i>440</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Ø / N</i>	CO2 <i>—</i>
Steady Flow	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / Ø</i>	WTR <i>✓</i>
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS <i>—</i>
Down to nothing	<i>Ø / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Ø / N</i>	Type of Fluid
Gas or Oil	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / Ø</i>	Injected for
Water	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / Ø</i>	Waterflood if applies

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

Signature:	<i>AS 5-25-16</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>CF</i>
Title:		Re-test
E-mail Address:		
Date:	Phone:	
	Witness: <i>Carl Flowers</i>	

INSTRUCTIONS ON BACK OF THIS FORM