

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

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.)		WELL API NO. 30-025-27073 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR		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.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name JALMAT YATES UNIT ✓
4. Well Location Unit Letter <u>M</u> : <u>1260</u> feet from the <u>SOUTH</u> line and <u>1250</u> feet from the <u>WEST</u> line Section <u>7</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>10</u> ✓
		9. OGRID Number <u>240974</u> ✓
		10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS
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 590#, HELD FOR 30 MINS. WITNESSED BY GEORGE BOWER-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

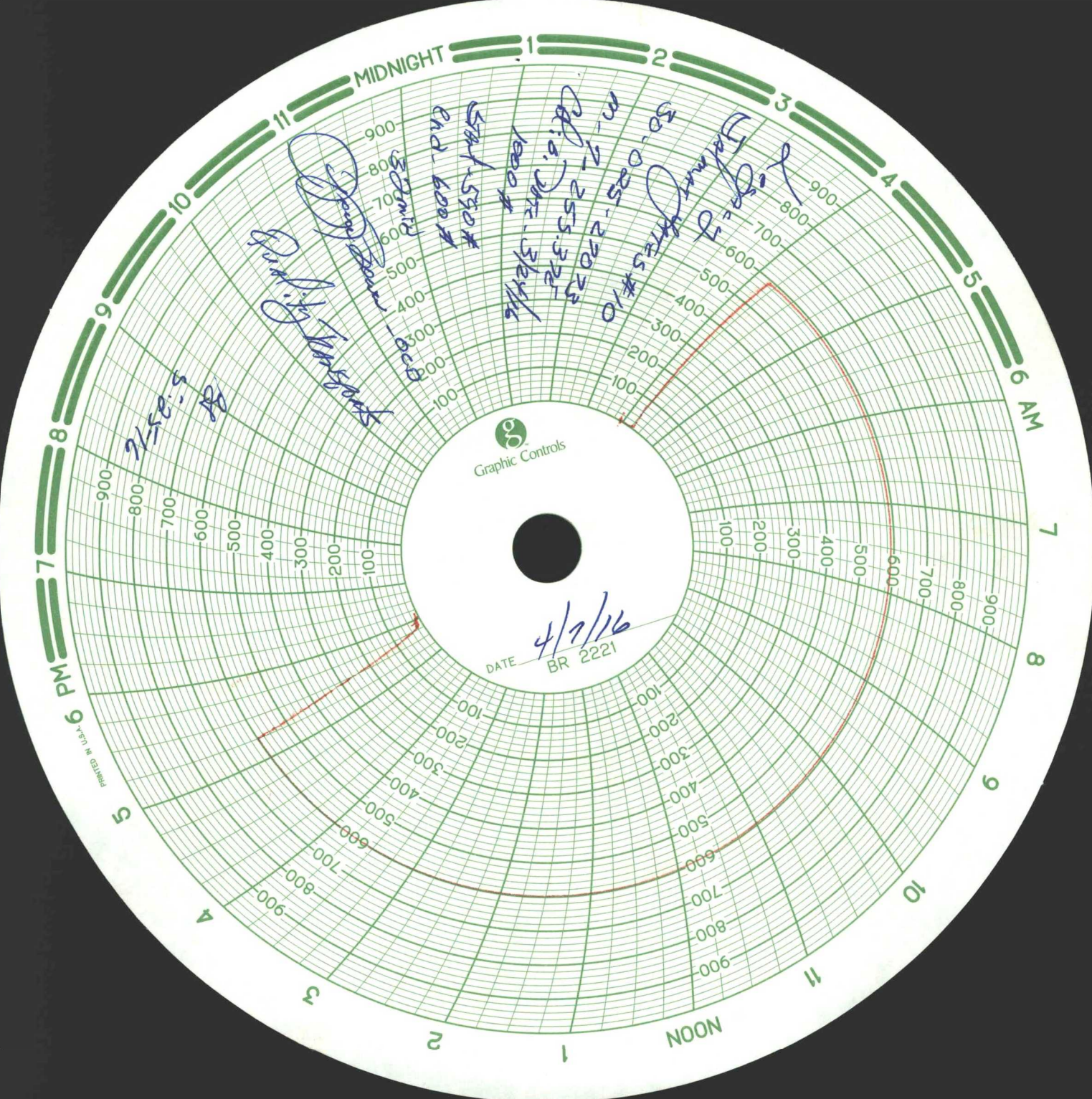
Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 5.25.16

Conditions of Approval (if any):





MIDNIGHT

1

2

3

4

5

6

AM

7

8

9

10

11

NOON

1

2

3

4

5

PM

6

7

8

9

10

11

Graphic Controls

DATE

BR 2221

4/7/16

50-0.025-27023

M-7-255.372

1000 #

50-1.530 #

End 600 #

30 wind

30 wind

5-25-76

BR



**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</i>	API Number <i>30-025-27073</i>
	Property Name <i>Jalmar Gates</i>	Well No. <i>10</i>

**7. Surface Location**

UL - Lot <i>m</i>	Section <i>7</i>	Township <i>253</i>	Range <i>37E</i>	Feet from <i>1260</i>	N/S Line <i>5</i>	Feet From <i>1250</i>	E/W Line <i>W</i>	County <i>Lea</i>
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**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <i>4/7/16</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</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:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS <i>GB</i>	
Title:		Re-test	
E-mail Address:			
Date: <i>4/7/16</i>	Phone:		
Witness: <i>S. Bower</i>			