

Submit 1 Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88249
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

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. 30-025-09559
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		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 COOPER JAL UNIT
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>13</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>114</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>240974</u>
		10. Pool name or Wildcat Jalmat; T-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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: UNSUCCESSFUL MIT-UIC PURPOSES ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

Packer leak suspected. Will rig up, POOH with packer. Replace packer. RBIH and RTI. See attached.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

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 06/10/2016

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

APPROVED BY: MSB 6/14/2016 DATE 6/14/2016
Conditions of Approval (if any):

JUN 13 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name LEGACY RESERVES OPERATING LP	API Number 30-025-09559
Property Name COOPER JAL UNIT	Well No. 114

7. Surface Location

UL - Lot O	Section 13	Township 24S	Range 36E		Feet from 330	N/S Line S	Feet From 2310	E/W Line E	County LEA
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE 5/2/16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			0	440
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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.

A D. gas

Signature: Steven Dittman	OIL CONSERVATION DIVISION
Printed name: STEVEN DITTMAN	Entered into RBDMS
Title: WELL TECH	Re-test
E-mail Address: sdittman@legacylp.com	
Date: 5/2/16	Phone: 432-312-4757
Witness:	