

Office

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

HOBBS OCS

MAY 27 2016

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## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-09636

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

## 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 INJECTION

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter G : 1650 feet from the NORTH line and 2310 feet from the EAST lineSection 24 Township 24S Range 36E NMPM County LEA

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

7. Lease Name or Unit Agreement Name

COOPER JAL UNIT

8. Well Number 126

9. OGRID Number

240974

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: ☐

## 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.

05/02/16 - 5 YEAR MIT. PRESSURE CASING TO 520#, 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 05/24/2016Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6/24/16

Conditions of Approval (if any):



PRINTED IN U.S.A. 6 PM

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MIDNIGHT

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NOON

Graphic Controls

DATE

5/2/16

BR 2221

HOBBS OCD

MAY 27 2016

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Legacy  
Cooper Tel #126

30-025-09636  
30-025-09636

Cal. E. Durr 4/14/16  
1000 #  
Smtk 530 #  
Ena 520 #  
500 miv



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

**HOBBS OCO**

MAY 27 2016

**BRADENHEAD TEST REPORT**

Operator Name <i>Logan</i>	API Number <i>30-025-09636</i>
Property Name <i>Cooper JA</i>	Well No. <i>126</i>

7. Surface Location								
UL Lot <i>G</i>	Section <i>24</i>	Township <i>24S</i>	Range <i>36E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>LCA</i>

Well Status								
YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ <i>NO</i>	SWD	OIL	PRODUCER <i>GAS</i>	DATE <i>5/1/16</i>

**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>φ</i>	<i>JA</i>	<i>JA</i>	<i>φ</i>	<i>800</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</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>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	
Title:		Re-test	
E-mail Address:		<i>[Signature]</i>	
Date: <i>5/2/16</i>	Phone:		
Witness: <i>[Signature]</i>			