

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 August 1, 2011

HOBBS OGD

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-26872
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 28
9. OGRID Number 240974
10. Pool name or Wildcat JALMAT; TAN-YATES-7RVRS

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
P.O. BOX 10848 MIDLAND, TX 79702

4. Well Location

Unit Letter G : 2540 feet from the NORTH line and 2530 feet from the EAST line
Section 13 Township 25S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3138' GR

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

05/05/16 – 5 YEAR MIT. PRESSURE CASING TO 560#, WITNESSED BY KRISTAL HEADY-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 05/25/2016

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

For State Use Only

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

Conditions of Approval (if any):

NOON

216
6/24/16

Serial 91-01-16
CO 04
M 5824
1:0

regard
Talmud / also unit #28
start 5:00 end 5:18
NOON

MAY 27 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reserves</u>	API Number <u>3002526872</u>
Property Name <u>Jal Mat</u>	Well No. <u>28</u>

2. Surface Location

UL - Lot <u>G</u>	Section <u>13</u>	Township <u>25S</u>	Range <u>36E</u>	Feet from <u>2540</u>	N/S Line <u>N</u>	Feet From <u>2530</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<u>X</u>	<u>/</u>	<u>/</u>	<u>X</u>	<u>0</u>
Flow Characteristics					
Puff	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	CO2 <u>—</u>
Steady Flow	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	WTR <u>✓</u>
Surges	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	GAS <u>—</u>
Down to nothing	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	
Water	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	

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

A.O. gas

Signature: <u>[Signature]</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steve D. Hays</u>	Entered into RBDMS
Title: <u>Well Tech</u>	Re-test <u>[Signature]</u>
E-mail Address:	
Date: <u>5/5/16</u>	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM