

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. 30-025-32855
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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. 306443
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>D</u> : <u>825</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>415</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3307' GL		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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT for TA <input checked="" type="checkbox"/>	

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.

CIBP set @ 2925' with 10' of cement.

06/13/16 – Ran MIT, pressure casing to 570#. Witnessed by George Bower-NMOCD, chart attached. Well is now TA'd.

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 06/20/2016

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

For State Use Only

APPROVED BY: George Bower TITLE Compliance Officer DATE 6/24/16

Conditions of Approval (if any):

6 PM

5

4

3

2

1

NOON

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

Graphic Controls

DATE 6/13/16
BR 2221

HOBBS OGD

JUN 23 2016

RECEIVED

End analysis
End

Benjamin OGD
Ben

Benjamin OGD

Start 5:00 #
End 5:30 #
32 min

Calib. Date - 3/10/16
1000 #

D- 25-245-36E

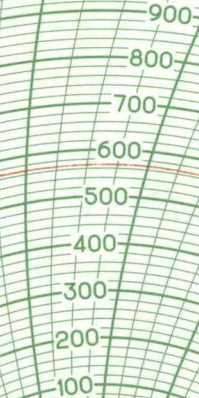
30-025-32855

T/A STATUS mit

Cooper VM #415

Legacy

Start



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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>		API Number <i>30-025-32855</i>	
Property Name <i>Cooper JA1</i>		Well No. <i>415</i>	

7. Surface Location

UL - Lot <i>D</i>	Section <i>25</i>	Township <i>24S</i>	Range <i>36E</i>	Feet from <i>825</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>N</i>	County <i>Lea</i>
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Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <i>6/13/16</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>NA</i>	<i>NA</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 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</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>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

T/A STATUS B.H.T. jmb

HOBBS OCD

JUN 23 2016

RECEIVED

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>6/13/16</i>	Phone:		
Witness: <i>[Signature]</i>			