

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address LEGACY RESERVES OPERATING LP PO BOX 10848 MIDLAND, TX 79702		<sup>2</sup> OGRID Number 240974
		<sup>3</sup> Reason for Filing Code/ Effective Date NW/01-23-2018
<sup>4</sup> API Number 30 - 025-43250	<sup>5</sup> Pool Name TEAS; BONE SPRING, EAST	<sup>6</sup> Pool Code 96637
<sup>7</sup> Property Code 302795	<sup>8</sup> Property Name HAMON A FEDERAL COM	<sup>9</sup> Well Number 9H

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	18	20S	34E		320	NORTH	995	WEST	LEA

<sup>11</sup> Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	7	20S	34E		354	NORTH	2393	WEST	LEA

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	F				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
34053	PLAINS MARKETING, L.P. 500 DALLAS, STE. 700, HOUSTON, TX	OIL
24650	TARGA MIDSTREAM SERVICES LLC 1000 LOUISIANA, STE. 4700, HOUSTON, TX 77002	GAS

IV. Well Completion Data

<sup>21</sup> Spud Date 07/01/2017	<sup>22</sup> Ready Date 01/23/2018	<sup>23</sup> TD 16,000'	<sup>24</sup> PBTB 15,954'	<sup>25</sup> Perforations 11,420'-15,945'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 ½"	13 3/8"	1,545'	1330 sx		
12 ¼"	9 5/8"	5,407'	1900 sx		
8 ¾"	5 ½"	16,000'	2600 sx		

V. Well Test Data

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
01/28/2018	01/28/2018	02/04/2018	24 HRS	280	
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas		<sup>41</sup> Test Method
	537	681	529		Flowing

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

LAURA PINA

Title:

COMPLIANCE COORDINATOR

E-mail Address:

lpina@legacylp.com

Date:

03/12/2018

Phone:

432-689-5200

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

COPY

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM40406
2. Name of Operator LEGACY RESERVES OPERATING LP Contact: LAURA PINA E-Mail: lpina@legacyp.com		6. If Indian, Allottee or Tribe Name
3a. Address 303 W WALL ST STE 1800 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-689-5200 Ext: 5273	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T20S R34E NWNW 320FNL 995FWL		8. Well Name and No. HAMON A FEDERAL COM 9H
		9. API Well No. 30-025-43250
		10. Field and Pool or Exploratory Area TEAS; BONE SPRING, EAST
		11. County or Parish, State LEA CO COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/10/2017 Ran Gamma Ray/CCL log.

12/10/2017 to 01/23/2018 Perf Bone Spring fr/11,420'-15,945' MD w/660 shots. Treated well w/1,584 bbls 10% acid, 5,876,180# sand and 130,418 BW.

03/04/2018 Drilled out plugs.

01/28/2018 Began flowback operations.

01/28/2018 Date of first production.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #407392 verified by the BLM Well Information System For LEGACY RESERVES OPERATING LP, sent to the Hobbs</b>	
Name (Printed/Typed) LAURA PINA	Title COMPLIANCE COORDINATOR
Signature (Electronic Submission)	Date 03/12/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	
Office _____	

Pending BLM approvals will  
subsequently be reviewed  
and scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTHOBBS OCD  
MAR 19 2018  
RECEIVEDFORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

COPY

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM40406	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator LEGACY RESERVES OPERATING LP-Mail: pdarden@legacyp.com		7. Unit or CA Agreement Name and No.	
3. Address 303 W WALL ST STE 1800 MIDLAND, TX 79701		8. Lease Name and Well No. HAMON A FEDERAL COM 9H	
3a. Phone No. (include area code) Ph: 432-689-5200 Ext: 5237		9. API Well No. 30-025-43250	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 18 T20S R34E Mer NWNW 320FNL 995FWL At top prod interval reported below Sec 7 T20S R34E Mer At total depth NENW 354FNL 2393FWL		10. Field and Pool, or Exploratory TEAS; BONE SPRING, EAST	
14. Date Spudded 07/01/2017		15. Date T.D. Reached 07/22/2017	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 01/23/2018		17. Elevations (DF, KB, RT, GL)* 3610 GL	
18. Total Depth: MD 16000 TVD 10837		19. Plug Back T.D.: MD 16000 TVD 10837	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR/CCL	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			

## 23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cement Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J-55	54.5	0	1545		1330		0	
12.250	9.625 J-55	40.0	0	5407		1900		0	
8.750	5.500 HCP110	20.0	0	16000		2600		0	

## 24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

## 25. Producing Intervals

## 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11420	15945	11420 TO 15945		660	OPEN
B)						
C)						
D)						

## 27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
11420 TO 15945	TREAT WELL W/1,584 BBLs ACID, 5,876,180# SAND & 130,418 BBLs WTR

## 28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
01/28/2018	02/04/2018	24	→	537.0	529.0	681.0	39.0	0.55	FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	280		→	537	529	681	985	POW	

## 28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

Pending BLM approvals will  
subsequently be reviewed  
and scanned

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #407625 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
SOLD

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
RUSTLER	1700	2000		RUSTLER	1700
YATES	2000	3700		YATES	2000
7 RIVERS	3700	4600		7 RIVERS	3700
QUEEN	4600	5506		QUEEN	4600
BELL CANYON	5506	6519		BELL CANYON	5506
CHERRY CANYON	6519	7386		CHERRY CANYON	6519
BRUSHY CANYON	7386	8406		BRUSHY CANYON	7386
BONE SPRING	8406	8596		BONE SPRING	8406

## 32. Additional remarks (include plugging procedure):

#52 CONTINUED....  
AVALON SHALE 8596 9335  
1ST BONE SPRING 9335

## 33. Circle enclosed attachments:

- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7 Other:      |                       |

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #407625 Verified by the BLM Well Information System.  
For LEGACY RESERVES OPERATING LP, sent to the Hobbs

Name (please print) D. PATRICK DARDEN, PETitle SR. ENGINEERING ADVISORSignature (Electronic Submission)Date 03/13/2018

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\*

**Additional data for transaction #407625 that would not fit on the form**

**32. Additional remarks, continued**

Directional survey attached. Log will be mailed to BLM Carlsbad Office.