

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

Form C-104  
Revised August 1, 2011

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

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE 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/07-20-2018
<sup>4</sup> API Number 30 - 025-44354	<sup>5</sup> Pool Name LEA; BONE SPRING	<sup>6</sup> Pool Code 37570
<sup>7</sup> Property Code 302802	<sup>8</sup> Property Name LEA UNIT	<sup>9</sup> Well Number 42H

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
J	24	20S	34E		2270	S	1430	E	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
B	13	20S	34E		332	N	1752	E	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	P				

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	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBDT	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
03/23/2018	07/20/2018	17,291'	17,241'	10,082'-17,211'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1,807'	1500 sx		
12 1/4"	9 5/8"	5,585'	2050 sx		
8 3/4"	5 1/2"	17,291'	2900 sx		
	2 7/8"	9,009'			

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
07/20/2018	07/20/2018	07/20/2018	24 HRS	390	270
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas		
	1006	2176	1126		
				<sup>41</sup> Test Method	
				Pumping	

<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: *Laura Pina*

Printed name: LAURA PINA

Title: COMPLIANCE COORDINATOR

E-mail Address: lpina@legacylp.com

Date: 09/19/2018 Phone: 432-689-5200

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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. NMNM20979
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	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T20S R34E NWSE 2270FSL 1430FEL		8. Well Name and No. LEA UNIT 42H
		9. API Well No. 30-025-44354
		10. Field and Pool or Exploratory Area LEA; BONE SPRING
		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.

05/17/2018 Ran Gamma Ray/CCL log

06/15/2018 to 06/22/2018 Perf Bone Spring fr/10,082'-17,211' MD w/1,080 shots. Treated well w/2,565 bbls 10% acid, 10,293,880# sand and 243,142 BW

06/25/2018 to 06/28/2018 Drilled out plugs

07/20/2018 Began flowback operations

07/20/2018 Date of first production

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #435771 verified by the BLM Well Information System  
For LEGACY RESERVES OPERATING LP, sent to the Hobbs**

Name (Printed/Typed) LAURA PINA

Title COMPLIANCE COORDINATOR

Signature (Electronic Submission)

Date 09/18/2018

**THIS SPACE FOR FEDERAL OR STATE**Documents pending BLM approvals will  
subsequently be reviewed and scanned

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

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 MANAGEMENT

HOBBS OCD

SEP 21 2018

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

COPY

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

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. NMNM20979	
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: jsaenz@legacyp.com		7. Unit or CA Agreement Name and No.	
3. Address PO BOX 10848 MIDLAND, TX 79702		8. Lease Name and Well No. LEA UNIT 42H	
3a. Phone No. (include area code) Ph: 432-689-5200		9. API Well No. 30-025-44354	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 24 T20S R34E Mer At surface NWSE 2270FSL 1430FEL At top prod interval reported below Sec 13 T20S R34E Mer At total depth NWNE 332FNL 1752FEL		10. Field and Pool, or Exploratory LEA; BONE SPRING	
14. Date Spudded 03/23/2018		15. Date T.D. Reached 04/07/2018	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/20/2018		17. Elevations (DF, KB, RT, GL)* 3674 GL	
18. Total Depth: MD 17291 TVD 9585		19. Plug Back T.D.: MD 17241 TVD 9585	
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 Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J-55	54.5	0	1807		1500		0	
12.250	9.625 J-55	40.0	0	5585		2050		0	
8.750	5.500 HCP-110	20.0	0	17291		2900		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)
2.875	9009							

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	10082	17211	10082 TO 17211		1080	PRODUCING
B)						
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
10082 TO 17211	TREAT WELL W/2,565 BBLs ACID, 10,293.880# SAND & 243,142 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
07/20/2018	07/20/2018	24	→	1006.0	1126.0	2176.0	38.0	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. SI	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	390	270.0	→	1006	1126	2176	1119	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. SI	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

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

ELECTRONIC SUBMISSION #436156 VERIFIED BY THE BLM WELL INFORMATION SYSTEM  
\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPEDocuments pending BLM approvals will  
subsequently be reviewed and scanned

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
BONE SPRING	8320	8840		BELL	5567
1ST BONE SPRING	9489	10136		BRUSHY CANYON	6569
2ND BONE SPRING	10136	10868		BONE SPRING	8320
3RD BONE SPRING	10868	10996		1ST BONE SPRING	9489
				2ND BONE SPRING	10136
				3RD BONE SPRING	10868

32. Additional remarks (include plugging procedure):  
**DIRECTIONAL SURVEY ATTACHED. LOG WILL BE MAILED TO THE BLM CARLSBAD OFFICE.**

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 #436156 Verified by the BLM Well Information System.**  
**For LEGACY RESERVES OPERATING LP, sent to the Hobbs**

Name (please print) JOHN SAENZ Title OPERATIONS ENGINEER

Signature \_\_\_\_\_ (Electronic Submission) Date 09/20/2018

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 \*\***