

HOBBS OCD

NOV 05 2018

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves</i>		API Number <i>30-025-02431</i>
Property Name <i>Lea Unit</i>		Well No. <i>#8</i>

Surface Location

UL - Lot <i>B</i>	Section <i>12</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>810</i>	N/S Line <i>N</i>	Feet from <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJ <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD	OIL <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>5-25-18</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod C'sng	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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.

*Well shut in for piping repairs*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS/	
Title:		Re-test <i>JMB</i>	
E-mail Address:			
Date:	Phone:		
Witness: <i>Gary Robinson</i>			

INSTRUCTIONS ON BACK OF THIS FORM

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 July 18, 2013

**HOBBS COUNTY RECEIVED**  
NOV 05 2018  
OIL CONSERVATION DIVISION  
2020 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-025-02431

5. Indicate Type of Lease  
STATE ☐ FEE ☐ **FED** ☒

6. State Oil & 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 SWD

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter B : 810 feet from the NORTH line and 1980 feet from the EAST line  
Section 12 Township 20S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3674' 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 ☐  
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 ☒

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.

05/25/18 - 5 YEAR MIT. PRESSURE CASING TO 600#, CHART ATTACHED.

**FOR RECORD ONLY**

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 10/29/2018

Type or print name Laura Pina

E-mail address: lpina@legacylp.com

PHONE: 432-689-5273

**For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):