

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-10619

5. Indicate Type of Lease

STATE ☐ FEE ☒ FED

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SKELLY PENROSE A UNIT

8. Well Number 21

9. OGRID Number

240974

10. Pool name or Wildcat

LANGLIE MATTIX; 7 RVRS-Q-GRYBG

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

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter H : 1980 feet from the NORTH line and 660 feet from the EAST lineSection 4 Township 23S Range 37E NMPM County LEA

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

3317' DF

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: PRESSURE 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.

10/26/18 - RAN MIT, PRESSURE CASING TO 560#. WITNESSED BY GEORGE BOWER-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 11/14/2018Type 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 Supervisor DATE 11/20/18

Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

HOBBS OCD

NOV 19 2018

RECEIVED

Operator Name <i>Legacy</i>	API Number <i>30-028-10619</i>
Property Name <i>Skelly Percease</i>	Well No. <i>21</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>4</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJ <input checked="" type="checkbox"/> INJECTOR	SWD <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>10/26/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>φ</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<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 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
Gas or Oil	<i>Y / (N)</i>	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / (N)</i>	Injected for
Water	<i>Y / (N)</i>	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / (N)</i>	Waterflood if
					applies.

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

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>gmb</i>
Date: <i>10/26/18</i>	Phone:
Witness: <i>Bauer</i>	

INSTRUCTIONS ON BACK OF THIS FORM

