

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

BRADENHEAD TEST REPORT

Operator Name <i>Leamy</i>		API Number <i>30-025-32349</i>
Property Name <i>South Justice</i>		Well No. <i>D 140</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>11</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>1300</i>	N/S Line <i>S</i>	Feet From <i>260</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO <input type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <i>10/22/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>740</i>
Flow Characteristics					
Pull	<i>φ / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>φ / 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>φ / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>φ / 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>	Water flood 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>JMB</i>	
Date: <i>10/22/18</i>	Phone:		
Witness: <i>J. Brown</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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-32349
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT D
8. Well Number 140
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS; BLINEBRY-TUBB-DRINKARD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3127' GR

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 P : 1300 feet from the SOUTH line and 260 feet from the EAST line  
Section 11 Township 25S Range 37E NMPM County LEA

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.

10/22/18 - 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 11/27/2018

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 Supervisor DATE 12/3/18  
Conditions of Approval (if any):