

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

HOBBES
MAY 10 2019
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK FOR A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-25495
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name DENTON
4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>11</u> Township <u>15S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,788' GL		9. OGRID Number 240974
		10. Pool name or Wildcat DENTON (DEVONIAN)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT for TA extension <input checked="" type="checkbox"/>	

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.

05/02/19 Ran MIT, pressure casing to 580#, held. Witnessed by Kerry Fortner-OCD, chart attached.

This Approval of TA EXPIRES: 5/12/20
FINAL TA STATUS EXTENSION -
Well needs to be **PLUGGED** or **RETURNED** to **PRODUCTION**

BY THE DATE STATED ABOVE: 5/12/20 KT

Spud Date:

Rig Release Date:

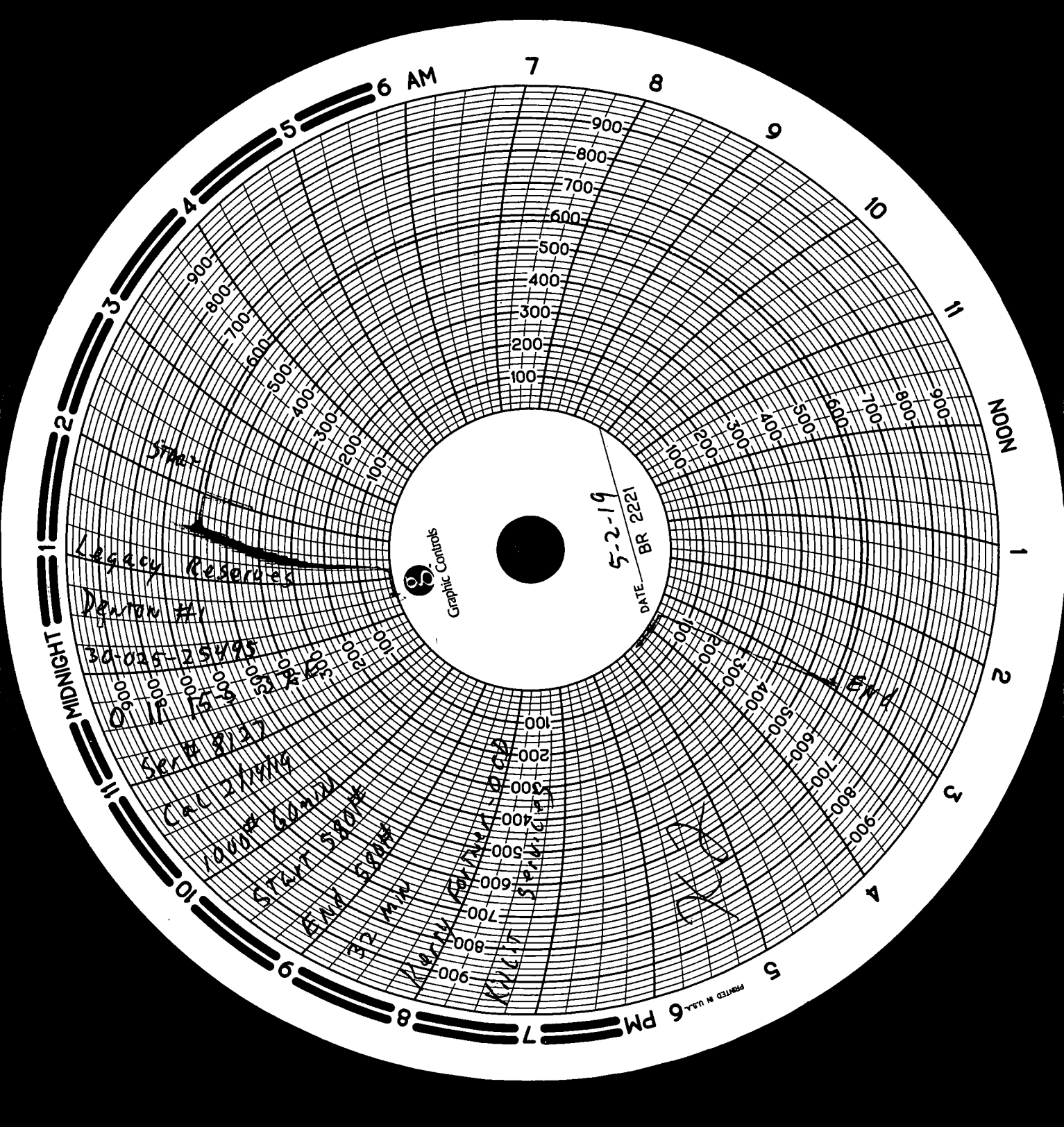
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Pina TITLE Compliance Coordinator DATE 05/07/2019

Type or print name Laura Pina E-mail address: lpina@legacylp.com PHONE: 432-689-5273

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 5-20-19
Conditions of Approval (if any):



Graphic Controls

5-2-19
DATE BR 2221

Legacy Reserves
Denton #1
30-025-25495
QIP 153
SERV 8122
CAL 21419
10000 GROSS
STAIN SPOT
END SPOT
32 MIN
Merry Printer 1000
KING SERV 1000

12

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State of New Mexico
Enerw, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
Phone: (575) 393-6161 Fax. (575) 393-0720

BRADENHEAD TEST REPORT

Operators Name LEGACY RESERVES	API Number 30-025-25495
Property Name DENTON	Well Number 1

SURFACE Location

	Unit Letter O	Section 11	Town ship 15-S	Range 37-E		Feet from 990	N-S Line FSL		Feet from 1980	E/W Line FEL		County LEA
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Well Status

TA'd <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut In <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Injector <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Producer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments
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	(A)Surface	(B)Intermediate	(C)Intermediate	(D)Production	(E)Tubing	
Pressure	0	0	—	0	0	Type of Fluid C02 WTR GAS Injected for waterflood if applies
Flow Characteristics					T Aed	
Puff	Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y	N	
Steady Flow	Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y	<input checked="" type="checkbox"/> N	
Surges	Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y	<input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
Gas or Oil	Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y	<input checked="" type="checkbox"/> N	
Water	Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y	<input checked="" type="checkbox"/> N	

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

TA STATUS Test start 580
End 588
Kill IT services ser # 8127 cal 2/14/19

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Leo Hernandez</i>	
Title: <i>Well Tech</i>	Re-test <input type="checkbox"/>
E-mail Address: <i>lhernandez@calenergy.com</i>	<i>XZ</i>
Date: <i>5-2-19</i>	
Phone: <i>432 556 4244</i>	
Witness: <i>Kerry Fortner - OCD</i>	EMNRD/OCD

399-3221