

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

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

Form C-103  
Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-10408
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		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 P.O. BOX 10848 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>43</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3364' GR		9. OGRID Number 240974
		10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRYBG

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 ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: 2018 UIC-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.

2018 UIC 5 year MIT failed, well had HIT. Well has been repaired and re-tested.

04/30-05/20/19 MIRU. Repair HIT; return well to injection.

05/22/19 Ran MIT, pressure casing to 540#. Witnessed by Kerry Fortner-OCD, 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.

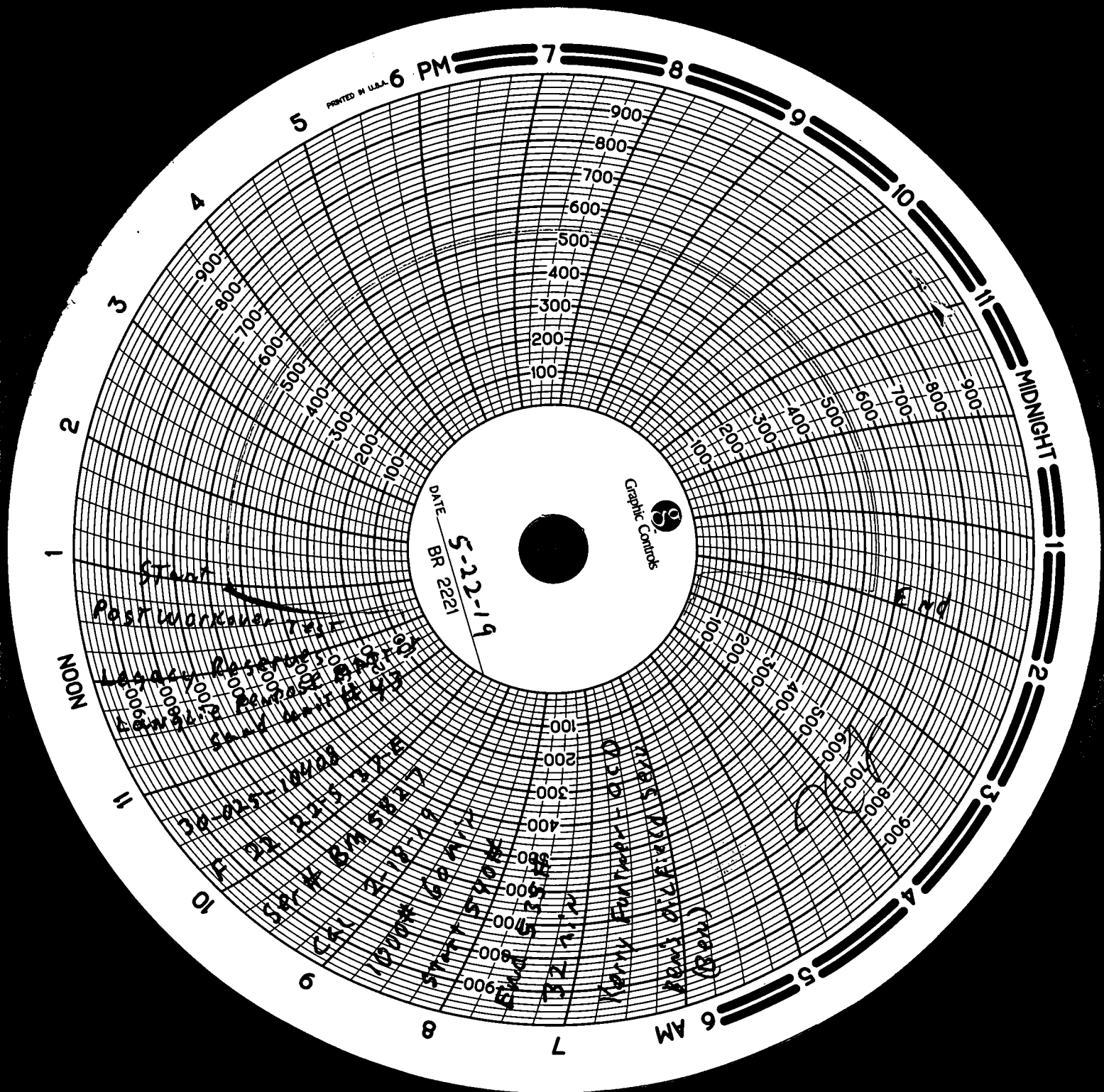
SIGNATURE Laura Pina TITLE Compliance Coordinator DATE 05/30/2019

Type or print name Laura Pina E-mail address: \_\_\_\_\_ PHONE: 432-689-5273

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-3-19

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name <b>Legacy Reserves Operating, LP</b>		API Number <b>30-025-10408</b>	
Property Name <b>Langlie Matrix Penrose sand unit</b>		Well No. <b>043</b>	

7. Surface Location

UL - Lot <b>F</b>	Section <b>22</b>	Township <b>22-S</b>	Range <b>37-E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>1980</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D Well YES <input checked="" type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES NO	INJECTOR <input checked="" type="checkbox"/> INJ SWD	PRODUCER OIL GAS	DATE <b>5-22-19</b>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>NA</b>	<b>NA</b>	<b>0</b>	<b>0</b>
Flow Characteristics					<b>NOT INS</b>
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 _____
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR _____
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS _____
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

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

**POST WORK over**  
**RETURN TO INSECTION**

**Ben's Oilfield Service**

**Ser# BM 5827**

**Cal 2-18-19**

**START 540#**

**END 535#**

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		<b>XJ</b>	
Date: <b>5-22-19</b>	Phone:		
Witness: <b>Kerry Fortner - OCD</b>			

**399-3221**