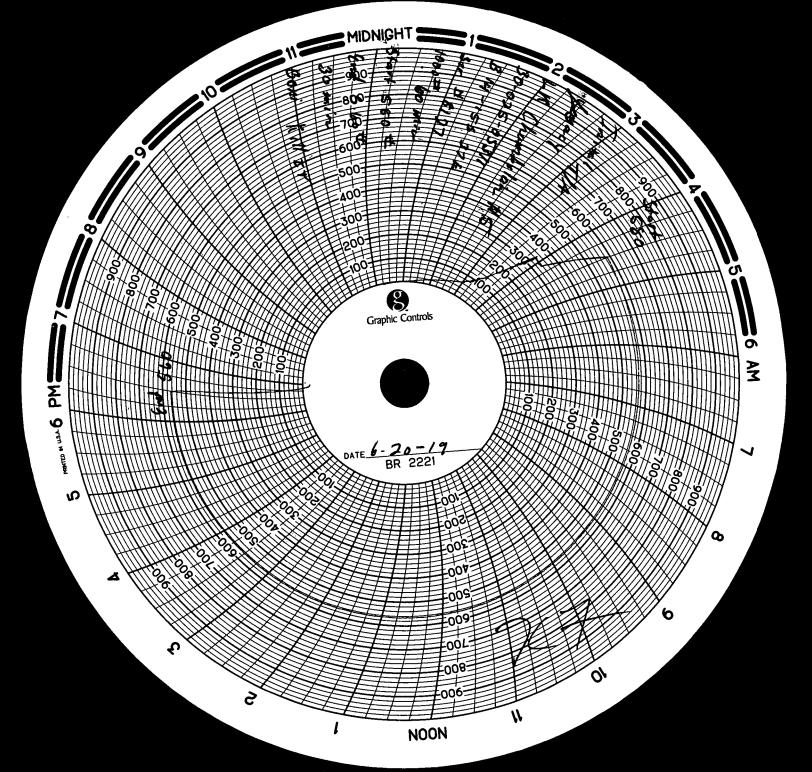
Debits   Group   Debits   Group   Gr	Submit 1 Copy To Appropriate District Office	State of New Me	exico		Form C-103		
District 1- (375) 744-128  11S. First S., ness IN. Assistant S. (1)	District I - (575) 393-6161	Energy, Minerals and Natu	iral Resources		Revised July 18, 2013		
South St. Figs. Dr.		, , ,	CO		•		
12.0 South St. Face Face St.	811 S. First St., Artesia, NM 88210				e		
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGATION			Acoc . 01115	STATE	FEE 🛛		
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGATION		Santa Fe, News	150 <b>37</b> 10 10	6. State Oil & Gas Lease	No.		
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGATION	87505		My CARE	· <del> · · · · · · · · · · · · · · · · ·</del>			
DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT' (FORM-C-101) FOR THE		ICES AND REPORTS ON WELLS		7. Lease Name or Unit A	Agreement Name		
Roll Number   S   Swell Number   S   Swell Number   S	DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR	OR LOCH	L.R.CHAMBERLIN			
2. Name of Operator LEGACY RESERVES OPERATING LP  3. Address of Operator PO BOX 10848, MIDLAND, TX 79702  4. Well Location Unit Letter B: 330 feet from the NORTH line and 1980 feet from the EAST line Section 14 Township 15S Range 37E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3797' GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE-OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPINS   PANDA   CASING/CEMENT JOB   CASING/CEMENT JOB   ALTERING CASING   COMMENCE COMMENCE ORIGINATION OF THE COMPLET COMPLETED COMPLETE		Gas Well Other					
LEGACY RESERVES OPERATING LP   240974		Gas wen Other		9. OGRID Number			
4. Well Location  Unit Letter B 330 feet from the NORTH line and 1980 feet from the EAST line Section 14 Township 155 Range 37E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3797 (B)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CAINGE PLANS   ALTERING CASING   CAINGE PLANS   CAINGE PREMEDIAL WORK   PAND A   CAINGE PLANS   CAINGE PLANS   CAINGE PREMEDIAL WORK   PAND A   CAINGE PLANS   CAINGE PREMEDIAL WORK   PAND A   CAINGE PLANS   CAINGE PREMEDIAL WORK   PAND A   CAINGE PREMEDIAL WORK   PAND A CAINGE PREMEDIAL WORK   PAND A   CAINGE PREMEDIAL WORK   PAND A   CAINGE PREMEDIAL WORK   PAND A   CAINGE PREMEDIAL WORK   PAND A	LEGACY RI	ESERVES OPERATING LP		24097			
Well Location		240 MIDI AND TV 70702		1			
Unit Letter B 330 feet from the NORTH line and 1980 feet from the EAST line Section 14 Township 155 Range 37E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE-OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANDER LAND   PULG AND ABANDON   CHANDER LAND   PULG AND ABANDON   CHANDER LAND   COMMENCE DRILLING OPNS   PAND A   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   COMMENCE OF ILLING OPNS   PAND A   CASING/CEMENT JOB   CASING/CEMENT JOB   CASING/CEMENT JOB   CASING/CEMENT JOB   PAND A   CASI		:48, MIDLAND, 1X 79702		DENTON WOLFCAMP			
Section   March   Township   15S   Range   37E   NMPM   County   LEA		· 220 foot from the NORT	U line and 10	190 foot from the	EAST line		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3797' GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE-OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   CASING/CEMENT JOB   PAND A   OTHER: MIT for TA extension  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.  06/20/19 Ran MIT, pressure casing to 580#. OCD notified but was unable to witness, chart attached.  This Approval of TA EXPIRES: 6-20-20 FINAL TA STATUS EXTENSION-Well needs to be PLUGGED or RETURNED to PRODUCTION BY THE DATE STATED ABOVE:   TITLE Compliance Coordinator   DATE 06/25/2019  Type or print name LAURA PINA   E-mail address:   Ipina@legacylp.com   PHONE: 432-689-5200   For State Use Only  APPROVED BY: Yeary 3 Tutter   TITLE Compliance Office of the Date of the Casing of the Ca							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE-OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   PAND A   PAND A   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A    OTHER: MIT for TA extension  This Approval of TA EXPIRES:  FINAL TA STATUS EXTENSION  Well needs to be PLUGGED or RETURNED to PRODUCTION  BY THE DATE STATED ABOVE:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Type or print name LAURA PINA E-mail address:	Section 14			INIVITIVI	County LLA		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P AND A   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: MIT for TA extension   OTHER: MIT							
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PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A   P	NOTICE OF IN	NTENTION TO:	SUBS	SEQUENT REPORT	OF.		
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APPROVED BY: Yenry Further TITLE Compliance Office. A DATE 6-27-19	SIGNATURE WWW PWA	TITLECor	npliance Coordinato	rDATE_ <u>06/2</u>	5/2019		
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Conditions of Approval (if Appl):	ADDROVED BY HO 1.	TITLE (	Di DA	L DATE	-27.10		
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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								<b>API Number</b>					
LEGACY RESERVES									30-025-05311				
Property Name								Well Number					
				/BERL					İ		. 5		
	En Chamberlan												
SURFACE Location													
	Unit	Section	Town	Range		Feet	N-S		Feet	E/W		County	
	Letter	1	ship	1		from	Line		from	Line			
	В	14	15S	37E		330	N		1980	E	·	LEA	
					Wel	l Statu							
TA'	d	Shu'	Shut In Injector			Prod	ucer		Comments				
Yes	No	Yes	No	Yes	(No)	(Yes)	No						
		(A)Su	rface	(B)Interm	oediate	(C)Interi	mediate		duction	(E)Tı	ubing		
Pressure		(A)Su		(B)IIIteIII		(C)	نــ ا	*	Ø	T .	Type of Fluid		
Flo						$\vdash$					~	C02	
Characte	eristics	<del></del>	<del></del>	<u> </u>		<del> </del>				<u> </u>			
Puff		Y	9	Y	N	Y	N	Y	N	Y		WTR	
Steady	Flow	Y	(2) (24	Y	N	Y	N	Y	N	Y		GAS Injected for	
Surges  Down to	othing	Y	N N	Y	N N	Y	N N	Y Y	N	Y	N	waterflood if	
Gas or Oil		Y	N N	Y	N N	Y	N	Y	N N	Y	N	annlies	
Water		Y	€	Y	N	Y	N	Y	N	Y	N		
Please state	for each	<u></u>		<u> </u>		<u>.                                    </u>				L			
Signature:									OIL CO	ONSERVATION ON			
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Date: /	***		Phone:	4 . 60		42.						-	

Witness:

EMNRD/OCD