

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

HOBBS OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
NOV 07 2019 RECEIVED

| |
|---|
| WELL API NO. 30-025-09561 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name COOPER JAL UNIT |
| 8. Well Number: 234 |
| 9. OGRID Number 240974 |
| 10. Pool name or Wildcat Jalmat;T-Y-7Rvrs |

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 O : 330 feet from the SOUTH line and 1650 feet from the EAST line
Section 13 Township 24S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3315' GL

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.

10/29/19 - Ran MIT, pressure casing to 360#. Witnessed by Kerry Fortner-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 10/31/2019

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200
For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 11-15-19
Conditions of Approval (if any)

PRINTED IN U.S.A.

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Graphic Controls

DATE **CJ4 234**
BR 2221

10-29-61

Start 360#
End 395#
32 min
Kerry Larimer
Ben's advised Ben

Start 360#
End 395#
32 min
Kerry Larimer
Ben's advised Ben

Start 360#
End 395#
32 min
Kerry Larimer
Ben's advised Ben

Start 360#
End 395#
32 min
Kerry Larimer
Ben's advised Ben

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

BRADENHEAD TEST REPORT

| | | |
|---|--|-----------------------------------|
| Operator Name Legacy Reserves Operating | | API Number 30-025-09561 |
| Property Name Couper Sal Unit | | Well No. 234 |

1. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot 0 | Section 13 | Township 24S | Range 36E | Feet from 330 | N/S Line S | Feet From 1650 | E/W Line E | County Lea |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | | |
|--|--|---|---------------------------------|---|-------------------------|
| TA'D WELL YES <input checked="" type="checkbox"/> | SHUT-IN YES <input checked="" type="checkbox"/> | INJECTOR <input checked="" type="checkbox"/> | SWD <input type="checkbox"/> | PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE 10-29-19 |
|--|--|---|---------------------------------|---|-------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|--------------|-----------------|--------------|--------------|--|
| Pressure | 0 | Cemented | NA | 0 | 550 |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 WTR GAS Type of Fluid Injected for Waterflood if applies |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | |
| Surges | Y / N | Y / N | Y / N | Y / N | |
| Down to nothing | N / N | Y / N | Y / N | N / N | |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | |
| Water | Y / N | Y / N | Y / N | Y / N | |

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

u & c testing
Ben's oilfield services
ser# BM 5827
cal 8-26-19

| | | |
|-------------------------------------|--------|---------------------------|
| Signature: | | OIL CONSERVATION DIVISION |
| Printed name: | | Entered into RBDMS |
| Title: | | Re-test X |
| E-mail Address: | | |
| Date: 10-29-19 | Phone: | |
| Witness: Kerry Portner - OCD | | |

399-3221

INSTRUCTIONS ON BACK OF THIS FORM