

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) 476-3480
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 OCD
NOV 07 2019
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-09638

5. Indicate Type of Lease
STATE ☐ FEE ☒ FED

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

COOPER JAL UNIT

8. Well Number 122

9. OGRID Number
240974

10. Pool name or Wildcat
Jalmat;T-Y-7Rvrs;Langlie Mattix;7R-Q-G

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 A : 330 feet from the NORTH line and 990 feet from the EAST line
Section 24 Township 24S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3311' 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:

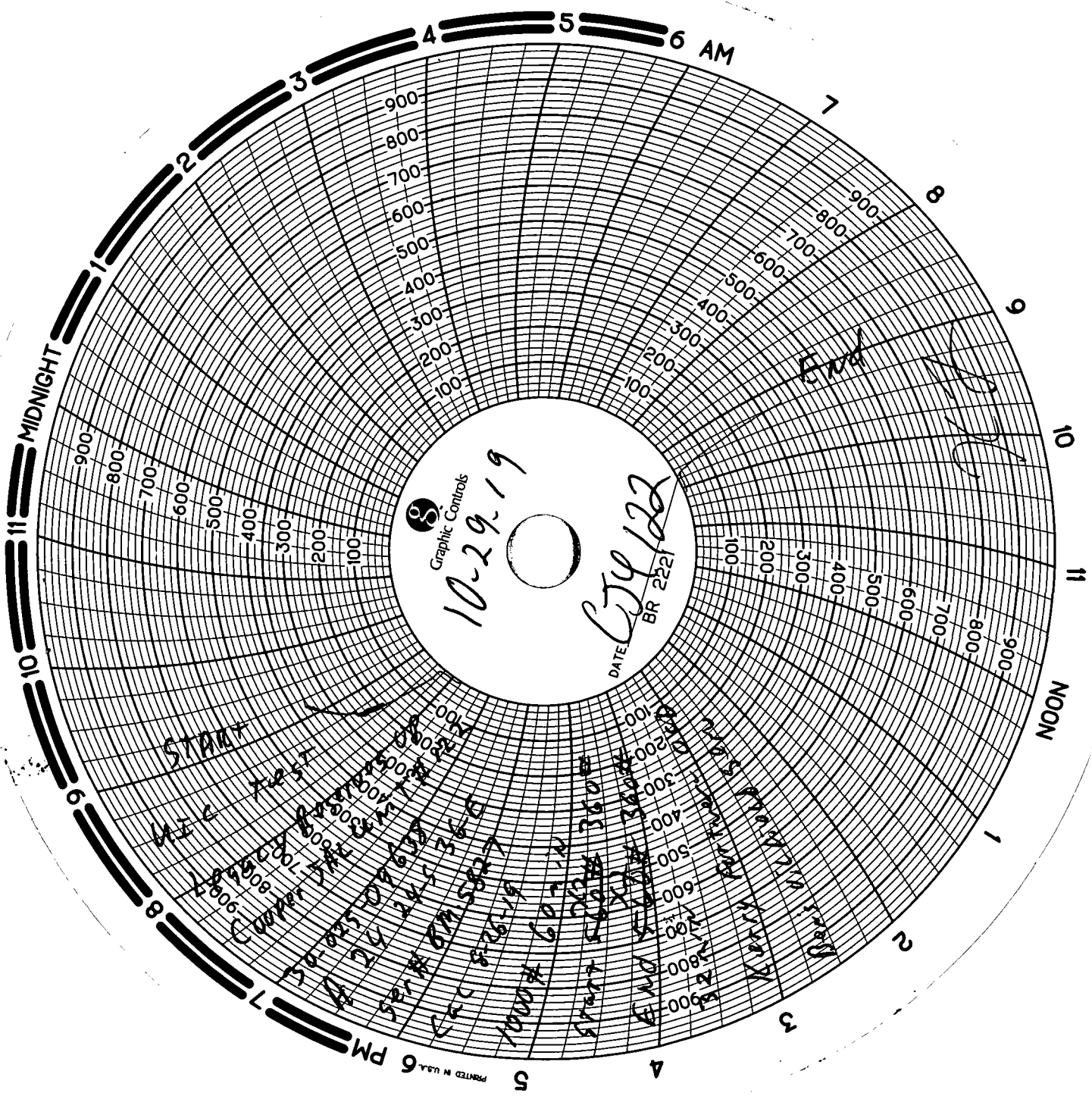
Rig Release Date:

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 DATE 11-15-19
Conditions of Approval (if any):



Graphic Controls

10-29-19

DATE CTY 122
BR 222

START

END

10-29-19

10-29-19

10-29-19

10-29-19

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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 30-025-09638
Property Name Cooper 3AL Unit		Well No. 122

1. Surface Location

UL - Lot A	Section 24	Township 24S	Range 36-E	Feet from 330	N/S Line N	Feet From 990	E/W Line E	County Lea
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SWD	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	DATE 10-29-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	NA	NA	0	725
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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

US C TEST
Bon's Oil Field Serv
Ser# BM 5827
CAL 8-26-19

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

399-3221

INSTRUCTIONS ON BACK OF THIS FORM