

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 July 18, 2013

WELL API NO. 30-025-11139
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 118
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat;T-Y-7Rvrs;Langlie Mattix;7R-Q-G

SUNDRY NOTICES AND REPORTS ON WELLS **HOBBS OCD**
(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 : 660 feet from the SOUTH line and 1980 feet from the EAST line
Section 18 Township 24S Range 37E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3302' GL

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: Pressure Test - UIC Purposes <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.

10/29/19 - Ran MIT, pressure casing to 360#. Witnessed by Kerry Fortner-NMOCD, chart attached.

Spud Date:

Rig Release Date:

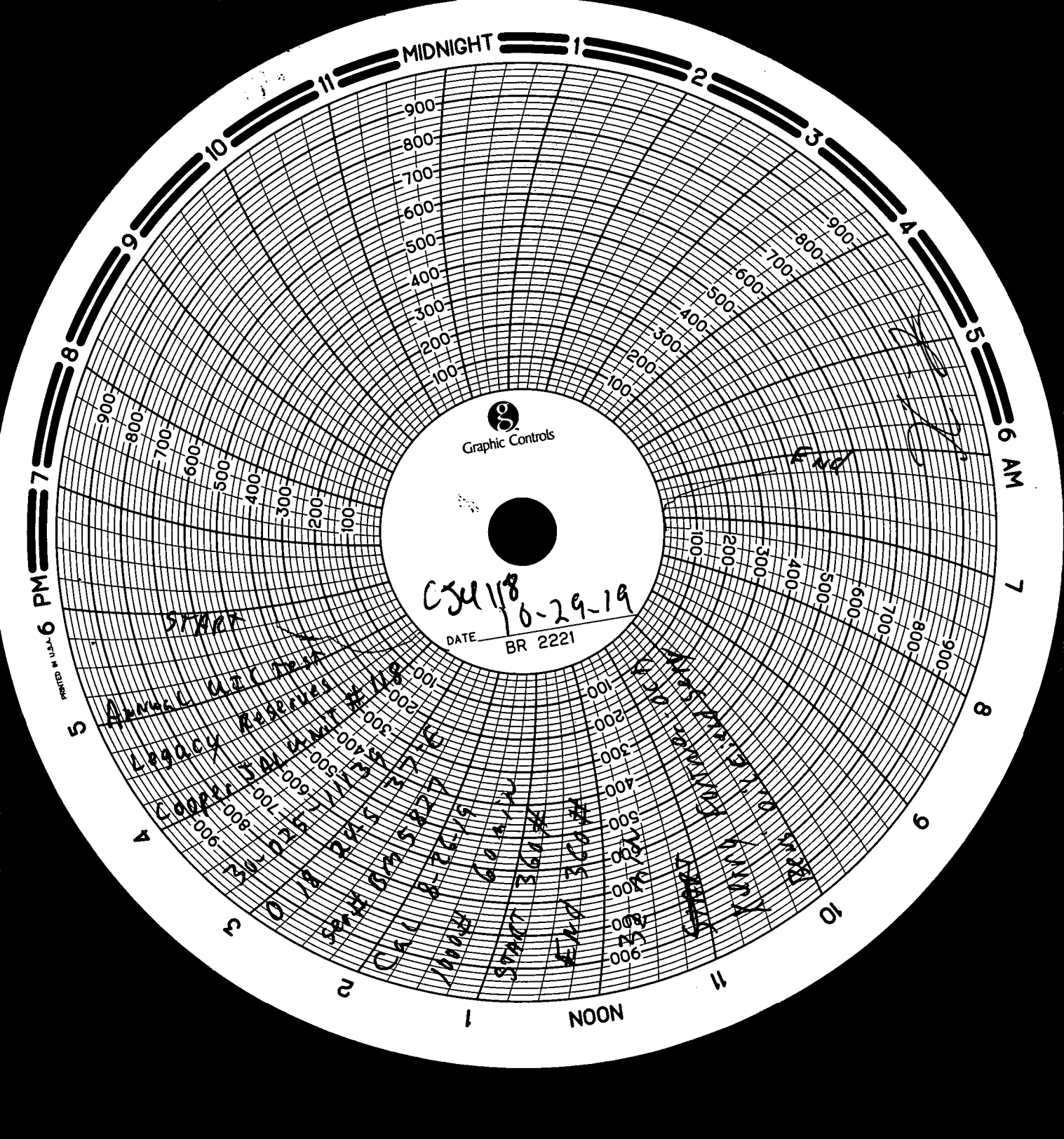
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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):



Graphic Controls

DATE BR 2221

C54118
10-29-19

START

END

Annual WAC Debt

Legacy Reserves

COOPERS & LYONS UNIT # 108

COOPERS & LYONS UNIT # 108

START 3614

END 3614

COOPERS & LYONS UNIT # 108

START

END

NOON

MIDNIGHT

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating</i>		API Number <i>30-025-11139</i>
Property Name <i>Cooper JAL Unit</i>		Well No. <i>118</i>

1. Surface Location

UL - Lot <i>0</i>	Section <i>18</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>400</i>
Flow Characteristics					
Puff	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>0 / N</i>	CO2 WTR ____ GAS ____ Type of Fluid Injected for Waterflood if applies
Steady Flow	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	
Surges	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	
Down to nothing	<i>0 / N</i>	<i>0 / N</i>	<i>Y / N</i>	<i>0 / N</i>	
Gas or Oil	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	
Water	<i>Y / 0</i>	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / 0</i>	

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

Mitt / BHT
Ben's oilfield Serv.
Ser BM 5827
Cal 8-26-19

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>X J</i>
Date:	Phone:	
Witness: <i>Kerry Fortner - ocd</i>		

394-3221

INSTRUCTIONS ON BACK OF THIS FORM