

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

WELL API NO.

30-025-23198

5. Indicate Type of Lease

STATE ☐ FEE ☒ FED

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LANGLIE MATTIX PENROSE SAND UNIT

8. Well Number 152

9. OGRID Number

240974

10. Pool name or Wildcat

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 P : 660 feet from the SOUTH line and 660 feet from the EAST line

Section 22 Township 22S Range 37E NMPM County LEA

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

3325' GR

**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 340#. 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 11/01/2019

Type or print name

LAURA PINA

E-mail address: lpina@legacyp.com

PHONE: 432-689-5200

**For State Use Only**

APPROVED BY:

*Kerry Fortner*

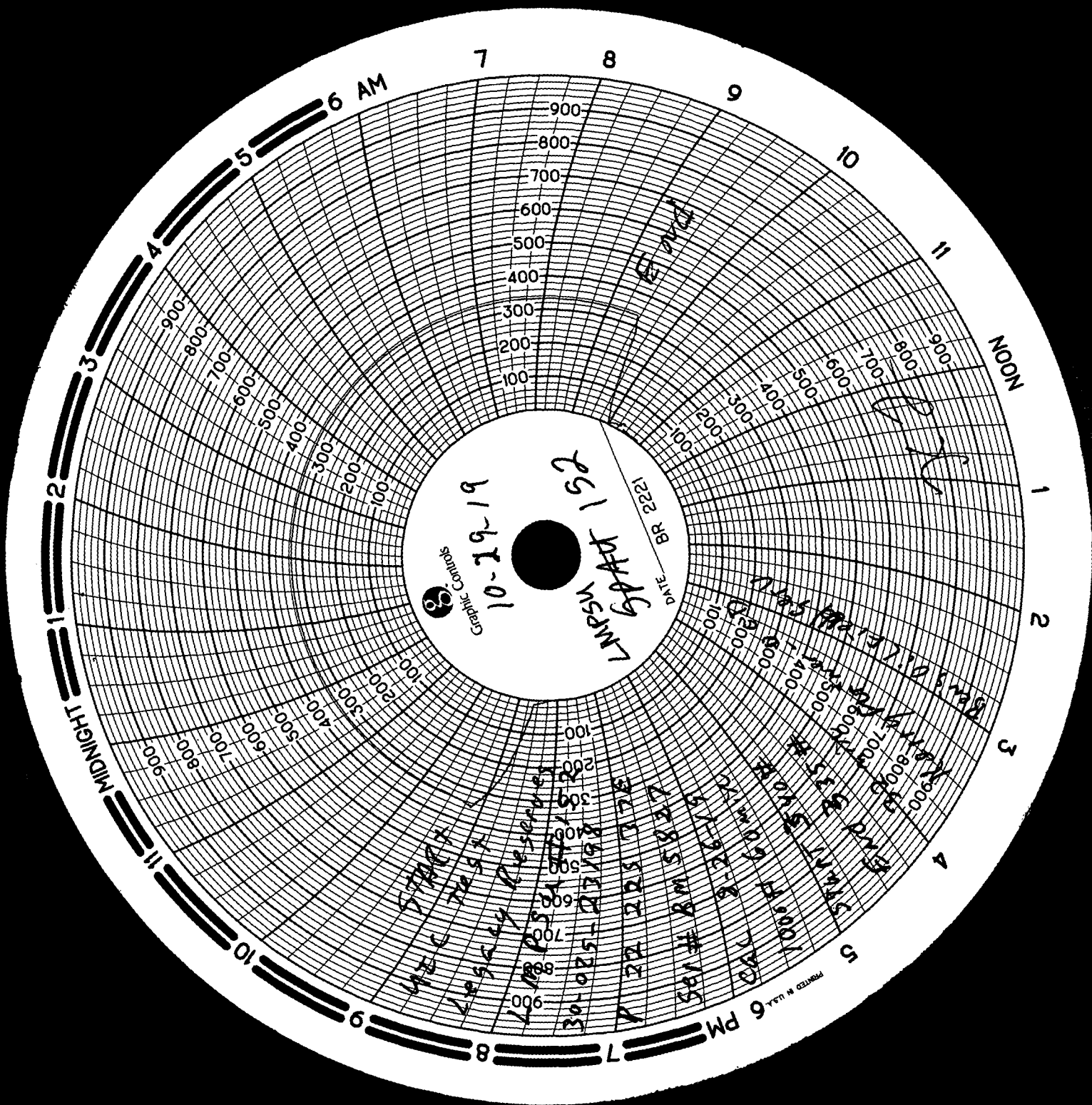
TITLE

C O A

DATE

11-15-19

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves - O Peraring</i>		API Number <i>30-025-23198</i>	
Property Name <i>Langiemattib Penrose SAND unit</i>		Well No. <i>152</i>	

7. Surface Location

UL - Lot <i>P</i>	Section <i>22</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</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"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <i>INJ</i> SWD	PRODUCER OIL GAS	DATE <i>10-29-19</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>1600</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR _____
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS _____
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

*WE C Test*  
*Ben's oil field serv*  
*ser # Bm 5827*  
*cal 8-26-19*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test <i>JA</i>
E-mail Address:		
Date:	Phone:	
Witness: <i>Korry Furtner - OCD</i>		

*393-3221*