

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

HOBBES OGD
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
MAY 26 2028

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-25495
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DENTON
8. Well Number 1
9. OGRID Number 240974
10. Pool name or Wildcat DENTON (DEVONIAN)

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator LEGACY RESERVES OPERATING LP	
3. Address of Operator P. O. BOX 10848, MIDLAND, TX 79702	
4. Well Location Unit Letter O : 990 feet from the SOUTH line and 1980 feet from the EAST line Section 11 Township 15S Range 37E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,788' 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: MIT for TA Extension <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.

In light of the current troubling times in our industry, we request a one year extension of the current TA status.

5/18/20- Ran MIT, pressured casing to 540#, held. OCD notified, chart not witnessed. Chart and Bradenhead Test attached.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 5-21-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 27

Spud Date:

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

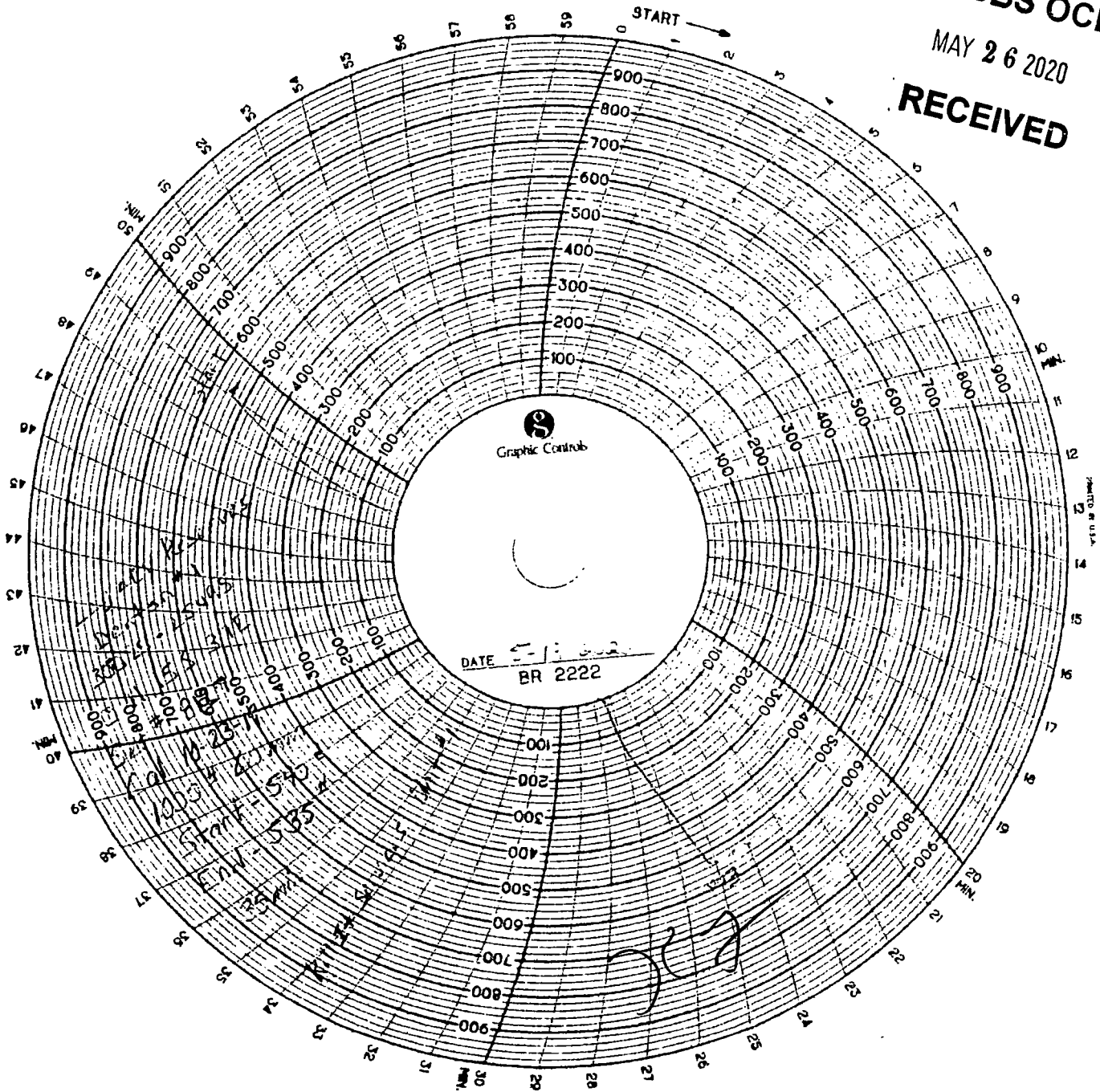
SIGNATURE Melanie Reyes TITLE Compliance Coordinator DATE 05/22/2020

Type or print name Melanie Reyes E-mail address: mreyes@legacyreserves.com PHONE: 432-221-6358
For State Use Only

APPROVED BY: Kenny Jantz TITLE C O A DATE 5-28-20
Conditions of Approval (if any):

MAY 26 2020

RECEIVED



HOBB

MAY 26 2020

RECEIVED

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

API Number

LEGACY RESERVES

30-025-25495

Property Name

Well Number

DENTON

1

SURFACE Location

Unit Letter	Section	Town ship	Range	Feet from	N-S Line	Feet from	E/W Line	County
O	11	15-S	37-E	990	N	1980	W	LEA

Well Status

TA'd	Shut In		Injector		Producer		Comments				
<input checked="" type="radio"/> Yes No	Yes <input checked="" type="radio"/> No		Yes <input checked="" type="radio"/> No		Yes <input checked="" type="radio"/> No						
	(A)Surface		B)Intermediate		(C)Intermediate		D)Production		(E)Tubing		
Pressure	<input checked="" type="radio"/> #		<input checked="" type="radio"/> #		<input checked="" type="radio"/> #		<input checked="" type="radio"/> #		<input checked="" type="radio"/> #		Type of Fluid
Flow Characteristics											
Puff	<input checked="" type="radio"/> N		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		C02
Steady Flow	Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		WTR
Surges	Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		GAS
Down to nothing	Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Injected for waterflood if applies
Gas or Oil	Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		
Water	Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		Y <input checked="" type="radio"/>		

Please state for

Signature: <i>Manuel Soriano</i>	OIL CONSERVATION DIVISION
Printed name: <i>Manuel Soriano</i>	
Title: <i>Production Foreman</i>	
Address: <i>j.soriano@legacyreserves.com</i>	
Date: <i>5/22/2020</i>	Phone: <i>432-269-3306</i>
	EMNRD/OCD