

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30-025-38189
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 COOPER JAL UNIT	
8. Well Number	504
9. OGRID Number	240974
10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rvrs/Langlie Mattix; 7 Rvrs-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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator LEGACY RESERVES OPERATING LP	
3. Address of Operator P.O. BOX 10848, MIDLAND, TX 79702	
4. Well Location Unit Letter <u>F</u> : <u>1330</u> feet from the <u>NORTH</u> line and <u>2468</u> feet from the <u>WEST</u> line Section <u>18</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3296' 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: RAN MIT FOR TA EXTENSION ☒

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.

Legacy requests the current TA status be extended for one year due to the current situation the oil industry is in.

08/10/20- Ran MIT, pressured casing to 550#, OCD notified, but not witnessed. Chart is attached.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 3-14-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION

Spud Date: BY THE DATE STATED ABOVE: 2020

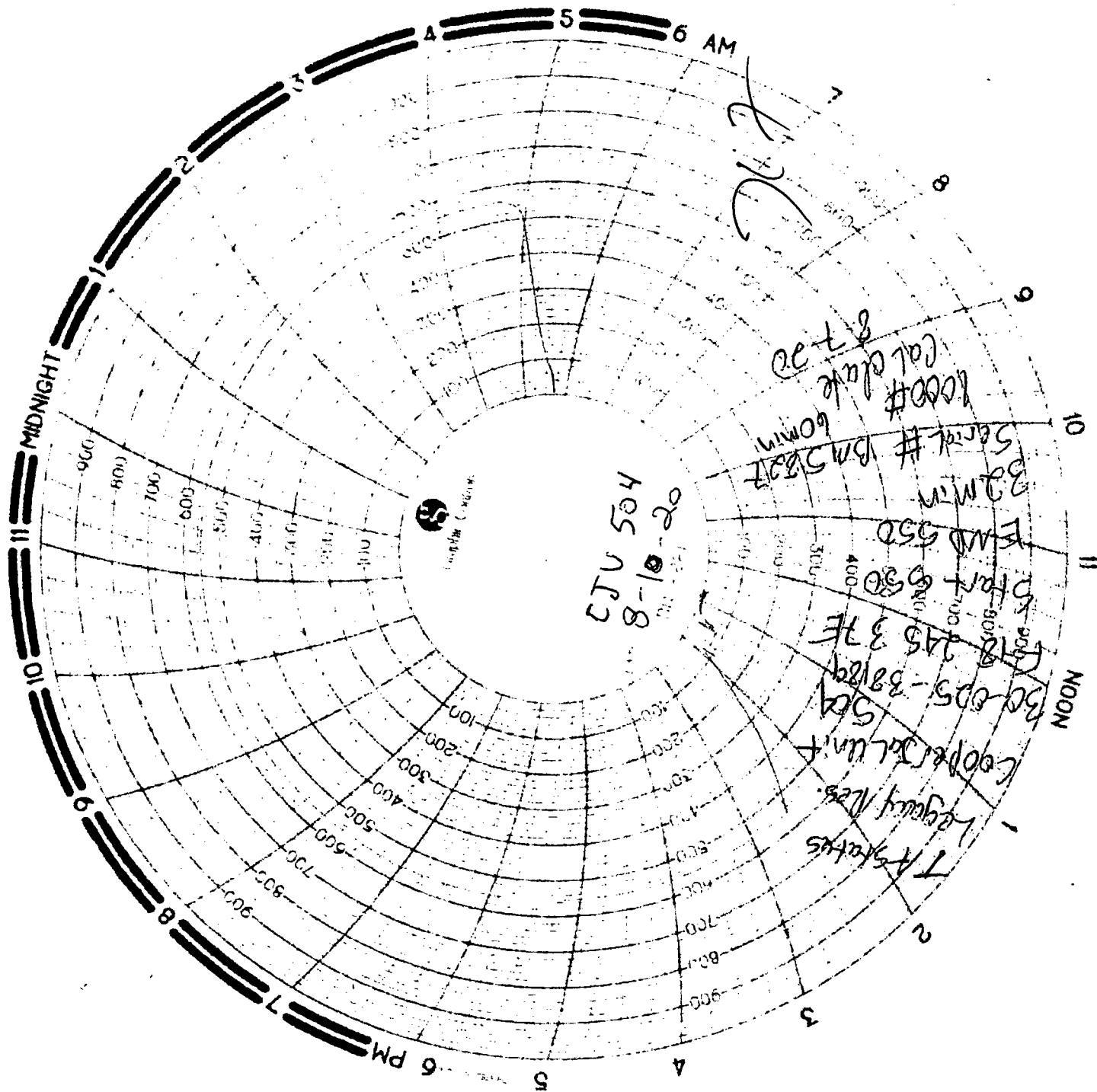
HOBBS OCD
AUG 28 2020
RECEIVED

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 08/18/2020

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

APPROVED BY: Kerry Tate TITLE C O A DATE 9-14-20
Conditions of Approval (if any):



Chord Rec
Calibration Date
8-7-20

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

BRADENHEAD TEST REPORT

Operator Name LEGACY RESERVES	API Number 30-025-38189
Property Name COOPER JAL UNIT	Well No. 504

Surface Location

UL - Lot F	Section 18	Township 24S	Range 37E	Feet from 1330	N/S Line N	Feet From 2468	E/W Line W	County LEA
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES SHUT-IN	<input type="checkbox"/> NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE 8-10-20
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<input checked="" type="checkbox"/>			10	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR ___
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> 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.

D= just a puff, blew down to 0 psi

HOBBS OCD
AUG 28 2020
RECEIVED

Signature: <i>Dustin Reeder</i>	OIL CONSERVATION DIVISION
Printed name: DUSTIN REEDER	Entered into RBDMS
Title:	Re-test
E-mail Address: DREEDER@LEGACYRESERVES.COM	<i>X 7</i>
Date: 8-10-20	
Phone:	
Witness:	