

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. 30-025-09628
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 141560
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 201
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat; Tansill-Yates-7Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3316' GR

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 INJECTOR **HOBBS OCD**

2. Name of Operator
LEGACY RESERVES OPERATING LP **NOV 06 2015**

3. Address of Operator
P.O. BOX 10848, MIDLAND, TX 79702 **RECEIVED**

4. Well Location
 Unit Letter A : 660 feet from the NORTH line and 330 feet from the EAST line
 Section 24 Township 24S Range 36E NMPM County LEA

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 checked="" 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: <input 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.

Pulled injection equipment. Isolated production casing leak at 158'. Removed well head and backed off top 200' of production casing. Picked up new production casing and installed. Installed well head and pressured tested production casing, held. Installed injection equipment and rigged down. Wait for state MIT. Ran MIT, pressure casing to 570#, held for 30 minutes. Witnessed by George Bower, OCD. Chart attached. Return well to injection.

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 [Signature] TITLE OPERATIONS ENGINEER DATE 11/04/2015

Type or print name JOHN SAENZ E-mail address: jsaenz@legacylp.com PHONE: (432) 689-5200

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 11/16/2015

Conditions of Approval (if any):

NOV 18 2015

jm

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Graphic Controls

DATE 10/16/15
BR 2221

Legacy

Cooper Sat # 201

30-025-09628

2-224-243-362

Cal. B. Date 8/7/15
1000#

Start - 5:30#
End - 5:40#
32min

[Handwritten signature]
- OLB

[Handwritten signature]
- OLB

BS
11/16/2015

