

**HOBBS OCD**  
NOV 29 2018  
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DEC 6 2018

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

**BRADENHEAD TEST REPORT**

Operator Name <i>Legacy</i>		API Number <i>30-025-31941</i>
Property Name <i>South Justis</i>		Well No. <i>200</i>

**Surface Location**

UL - Lot <i>6</i>	Section <i>24</i>	Township <i>25S</i>	Range <i>31E</i>	Feet from <i>2630</i>	N/S Line <i>N</i>	Feet From <i>1450</i>	E/W Line <i>E</i>	County <i>Lea</i>
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**Well Status**

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ <input checked="" type="radio"/>	SWD	OIL	PRODUCER GAS	DATE <i>10/29/18</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>700</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>PR</i>
E-mail Address:	
Date: <i>10/29/18</i>	Witness: <i>[Signature]</i>
Phone:	

INSTRUCTIONS ON BACK OF THIS FORM

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. 30-025-31941
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT G
8. Well Number 200
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS; BLINEBRY-TUBB-DRINKARD

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>G</u> : <u>2630</u> feet from the <u>NORTH</u> line and <u>1450</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3062' 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.

10/29/18 - RAN MIT, PRESSURE CASING TO 560#. WITNESSED BY GEORGE BOWER-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 11/27/2018

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

**For State Use Only**

APPROVED BY: Rick Rickman TITLE Compliance Officer DATE 12-6-18

Conditions of Approval (if any):