

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. 30-025-26405	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name JALMAT YATES UNIT	<input checked="" type="checkbox"/>
8. Well Number 15	<input checked="" type="checkbox"/>
9. OGRID Number 240974	<input checked="" type="checkbox"/>
10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

2. Name of Operator  
LEGACY RESERVES OPERATING LP

3. Address of Operator  
PO BOX 10848, MIDLAND, TX 79702

4. Well Location  
 Unit Letter A : 1050 feet from the NORTH line and 1100 feet from the EAST line  
 Section 13 Township 25S Range 36E NMPM County LEA

HOBBS OCD  
 MAY 09 2016  
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 5 YEAR MIT TEST-UIC PURPOSES <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.

04/06/16 - 5 YEAR MIT. PRESSURE CASING TO 560#, HELD FOR 30 MINS. 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. GB

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 05/04/2016

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

APPROVED BY: Biel Semana TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

*Handwritten initials*

PRINTED IN U.S.A.



DATE 4/6/14  
BR 2221

Legacy  
William J. Jones #15

30 0255-026003  
4 0255-026003  
5 0255-026003  
6 0255-026003

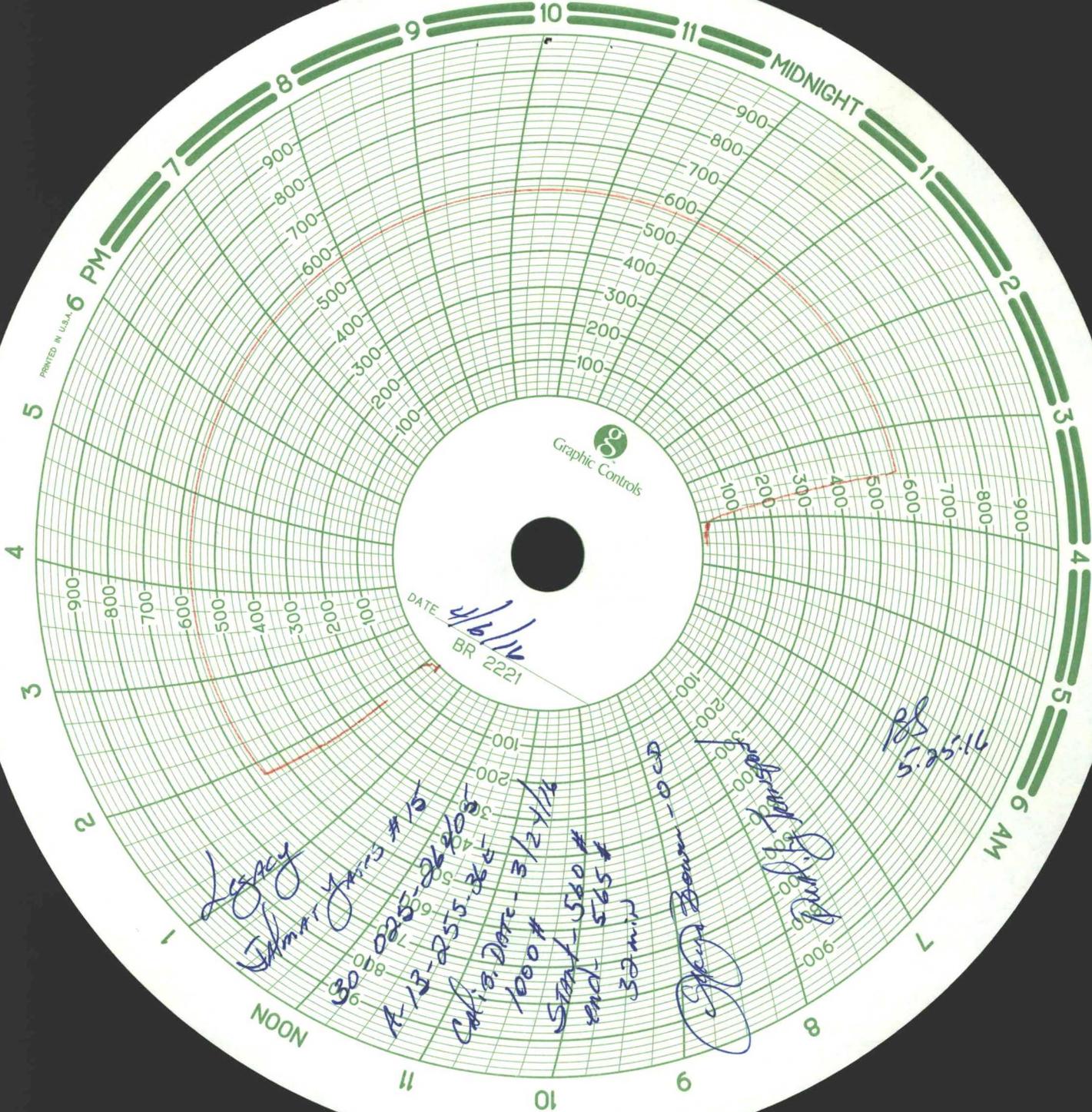
Calc. Date - 3/2 1/2  
1000 #

Start - 580 #  
end - 565 #  
30 mil

Spent Beam - 0.00

Paul J. Jones

RS  
5:25:14  
7:56:14



**HOBBS OCD**

MAY 09 2016

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

**BRADENHEAD TEST REPORT**

<b>RECEIVED</b>	Operator Name <i>Legacy</i> ✓	API Number <i>30-025-26405</i> ✓
	Property Name <i>Jalmar Gates</i> ✓	Well No. <i>15</i> ✓

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>A</i>	<i>13</i>	<i>253</i>	<i>36E</i>	<i>1050</i>	<i>N</i>	<i>1100</i>	<i>E</i>	<i>Lea</i> ✓

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR INJ	SWD	PRODUCER OIL	GAS	DATE <i>4/6/15</i>
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**OBSERVED DATA**

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

*Well shut in*

Signature:	<i>AS 5-25-14</i>
Printed name:	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <i>OB</i>
E-mail Address:	Re-test
Date: <i>4/6/15</i>	Phone:
Witness: <i>[Signature]</i>	