

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

HOBBBS OGD
 MAY 09 2016
 RECEIVED

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

WELL API NO. 30-025-26869	✓
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 JALMAT YATES UNIT	✓
8. Well Number 14	✓
9. OGRID Number 240974	✓
10. Pool name or Wildcat JALMAT; TAN-YATES-7RIVERS	

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 B : 1100 feet from the NORTH line and 2530 feet from the EAST line ✓
 Section 13 Township 25S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 5 YEAR MIT TEST-UIC PURPOSES <input checked="" type="checkbox"/></p>
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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 CARL FLOWERS-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.

eF

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

For State Use Only

APPROVED BY: Bill Serranah TITLE Staff Manager DATE 5.25.16

Conditions of Approval (if any):

eF

Graphic Controls

DATE 4/6/16
BR 2221

Legacy Reserves Operating
Jalmat Yates unit # 14
B13-T255-R36E
30-025-26869

5 year TEST

Start 560#

End 560#

Time 33 min

Coal Flow 30CD

Benco Hot oil
load # / location
Cal Date 3/10/16

BR
5-25-16

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NOON

MIDNIGHT

HOBBS OGD

District
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

MAY 09 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Resources Operating</i> ✓	API Number <i>30-025-26869</i> ✓
Property Name <i>Tal mat Yates Unit</i> ✓	Well No. <i>14</i> ✓

7. Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>B</i>	<i>13</i>	<i>25S</i>	<i>36 E</i>	<i>1100</i>	<i>N</i>	<i>2530</i>	<i>E</i>	<i>Lea</i> ✓	

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	<input checked="" type="radio"/> INJ	OIL <input type="radio"/> GAS <input type="radio"/>	<i>4/6/16</i>					

OBSERVED DATA

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

Signature:	<i>B 5-25-16</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>CF</i>
Title:		Re-test
E-mail Address:		
Date:	Phone:	
	Witness: <i>Carol Flowers</i>	

INSTRUCTIONS ON BACK OF THIS FORM