

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. 30-025-26896	✓
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 11	✓
9. OGRID Number 240974	✓
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 C : 122 feet from the NORTH line and 1350 feet from the WEST line
 Section 18 Township 25S Range 37E NMPM County LEA

HOBBS OGD
MAY 09 2016
RECEIVED

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 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.

04/07/16 - 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

For State Use Only

APPROVED BY: Bill Seman TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

dyg

MIDNIGHT



Graphic Controls

DATE 4/7/16
BR 2221

PRINTED IN U.S.A. 6 PM

Lesley
Palmer
30-085-26896
C-18-255-396
Calis. Junc. 3/24/16
1000#

Start - 560#
end - 565#

32 mid
Garry Bowen - OCP
Quality Transport

BR
5-25-16

NOON

6 AM

8

9

10

11

1

2

3

4

5

7

8

9

10

11

1

2

3

4

5

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

900

800

700

600

500

400

300

200

100

100

HOBBS OCD

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</i>	API Number <i>30-025-26896</i>
Property Name <i>Salmar Yates</i>	Well No. <i>11</i>

7. Surface Location

UL - Lot <i>C</i>	Section <i>18</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>102</i>	N/S Line <i>N</i>	Feet From <i>1350</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	SWD	PRODUCER OIL	GAS	DATE <i>4/2/16</i>
--	--	---	-----	-----------------	-----	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>375</i>
Flow Characteristics					
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>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/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.

Signature:	<p style="text-align: right;"><i>BS 5-25-16</i></p> <p>OIL CONSERVATION DIVISION</p> <p>Entered into RBDMS <i>CB</i></p> <p>Re-test</p>
Printed name:	
Title:	
E-mail Address:	
Date: <i>4/2/16</i>	
Phone:	
Witness: <i>[Signature]</i>	