

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.<br>30-025-27020  | ✓ |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | ✓ |
| 6. State Oil & Gas Lease No.  |   |
| 7. Lease Name or Unit Agreement Name<br>JALMAT YATES UNIT   | ✓ |
| 8. Well Number 8  |   |
| 9. OGRID Number<br>240974   | ✓ |
| 10. Pool name or Wildcat<br>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 O : 350 feet from the SOUTH line and 2500 feet from the EAST line  
 Section 12 Township 25S Range 36E NMPM County LEA

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

**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 540#, 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.

CF

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: Bill Samanah TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

OK

MIDNIGHT

NOON

AM

6 PM

DATE 4/6/16  
BR 2221

Graphic Controls

BS  
5-25-16

Bravo Hot Oil LLC  
Lynch Lumber  
Call Date 3/10/16

Lead flower OGD  
Time 23 min  
535#

End 535#  
Start 540#  
535# test  
9000  
12-1355  
36-025-07020  
Light House Operating  
T permit Yes unit # 8

PROTECT IN USE  
Y-1570 IN GREEN

5

4

3

2

1

1

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

MIDNIGHT

**HOBBS OGD**

District I  
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<br><i>Legacy Reserves Operating</i> |  | API Number<br><i>30-025-27020</i> |
| Property Name<br><i>Jalmut Yates Unit</i>         |  | Well No.<br><i>8</i>              |

| 7. Surface Location  |                      |                        |                     |           |                      |                          |                      |                      |  |
|----------------------|----------------------|------------------------|---------------------|-----------|----------------------|--------------------------|----------------------|----------------------|--|
| UL - Lot<br><i>0</i> | Section<br><i>12</i> | Township<br><i>25S</i> | Range<br><i>36E</i> | Feet from | N/S Line<br><i>S</i> | Feet From<br><i>2500</i> | E/W Line<br><i>E</i> | County<br><i>Lea</i> |  |

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

**OBSERVED DATA**

|                      | (A)Surface                            | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng                          | (E)Tubing                               |
|----------------------|---------------------------------------|--------------|--------------|---------------------------------------|---|
| Pressure             | <i>0</i>                              |              |              | <i>0</i>                              | <i>0</i>                                |
| Flow Characteristics |                                       |              |              |                                       |   |
| Puff                 | Y/ <input checked="" type="radio"/> N | Y/N          | Y/N          | <input checked="" type="radio"/> Y/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"/> Y/N  | Y/N          | Y/N          | <input checked="" type="radio"/> Y/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>BS 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>Carl Flower</i> |                              |