

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. 30-025-27073	<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 10	<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 M : 1260 feet from the SOUTH line and 1250 feet from the WEST line  
 Section 7 Township 25S Range 37E 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.

04/07/16 - 5 YEAR MIT. PRESSURE CASING TO 590#, 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.

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 Samamah TITLE Staff Manager DATE 5.25.16

Conditions of Approval (if any):

CS

CM

MIDNIGHT

1 2 3 4 5 6 AM

Graphic Controls

DATE 4/2/16  
BR 2221

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**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>30-025-27073</i>
	Property Name <i>Jalmar Gates</i>	Well No. <i>10</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>m</i>	<i>7</i>	<i>253</i>	<i>37E</i>	<i>1260</i>	<i>S</i>	<i>1250</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>4/7/16</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>
<u>Flow Characteristics</u>					
Puff	<i>∅</i> N	Y / N	Y / N	<i>∅</i> N	CO2 ___
Steady Flow	Y / <i>∅</i>	Y / N	Y / N	Y / <i>∅</i>	WTR ___
Surges	Y / <i>∅</i>	Y / N	Y / N	Y / <i>∅</i>	GAS ___
Down to nothing	<i>∅</i> N	Y / N	Y / N	<i>∅</i> N	Type of Fluid
Gas or Oil	Y / <i>∅</i>	Y / N	Y / N	Y / <i>∅</i>	Injected for
Water	Y / <i>∅</i>	Y / N	Y / N	Y / <i>∅</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:	<i>138 5.25.16</i>	
Printed name:	OIL CONSERVATION DIVISION	
Title:	Entered into RBDMS	<i>GB</i>
E-mail Address:	Re-test	
Date: <i>4/7/16</i>	Phone:	
Witness: <i>S. Dower</i>		