

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88249
 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

HOBBS OCD
JUN 13 2016
RECEIVED

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

WELL API NO. 30-025-09559
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 COOPER JAL UNIT
8. Well Number 114
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat; T-Y-7R; Langlie Mattix; 7R-Q-G
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 INJECTION

2. Name of Operator
LEGACY RESERVES OPERATING LP

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

4. Well Location
 Unit Letter O : 330 feet from the SOUTH line and 2310 feet from the EAST line
 Section 13 Township 24S Range 36E NMPM County LEA

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: UNSUCCESSFUL MIT-UIC PURPOSES <input checked="" type="checkbox"/>		OTHER: <input 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.

Packer leak suspected. Will rig up, POOH with packer. Replace packer. RBIH and RTI. See attached.

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 06/10/2016

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

For State Use Only

APPROVED BY: MSB DATE 6/14/2016
 Conditions of Approval (if any):

JUN 13 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name LEGACY RESERVES OPERATING LP	API Number 30-025-09559
Property Name COOPER JAL UNIT	Well No. 114

7. Surface Location

UL - Lot O	Section 13	Township 24S	Range 36E	Feet from 330	N/S Line S	Feet From 2310	E/W Line E	County LEA
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Well Status

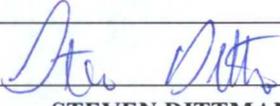
TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE 5/2/16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0			0	440
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / 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.

A D. gas

Signature: 	OIL CONSERVATION DIVISION
Printed name: STEVEN DITTMAN	Entered into RBDMS
Title: WELL TECH	Re-test
E-mail Address: sdittman@legacylp.com	
Date: 5/2/16	Phone: 432-312-4757
Witness:	