

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit
2. Name of Operator LEGACY RESERVES OPERATING LP	8. Well Number 192
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	9. OGRID Number 240974
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>990</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u>	10. Pool name or Wildcat Langlie Mattix; 7Rvrs-Queen-Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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.

05/20/16 – 5 YEAR MIT. PRESSURE CASING TO 580#. NMOCN NOTIFIED BUT DID NOT WITNESS, 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 06/17/2016

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

For State Use Only

APPROVED BY Mark P. Smith TITLE P.E.S. DATE 6/21/2016

Conditions of Approval (if any):

HOBBS OCD

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

JUN 20 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Legacy Reservoir Operations LP</u>	API Number <u>3002510473</u>
Property Name <u>LMPJU</u>	Well No. <u>192</u>

7. Surface Location

UL - Lot <u>P</u>	Section <u>27</u>	Township <u>22S</u>	Range <u>37E</u>	Feet from <u>660</u>	N/S Line <u>S</u>	Feet From <u>990</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

YES	TA'D WELL <u>NO</u>	<u>YES</u>	SHUT-IN <u>NO</u>	<u>INJ</u>	INJECTOR <u>NO</u>	SWD	OIL	PRODUCER <u>GAS</u>	DATE <u>5/20/16</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>			<u>0</u>	<u>0</u>
Flow Characteristics					
Puff	<u>Y</u> / N	Y / N	Y / N	<u>Y</u> / N	CO2 <u>—</u>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>✓</u>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <u>—</u>
Down to nothing	<u>0</u> / N	Y / N	Y / N	<u>0</u> / N	Type of Fluid
Gas or Oil	<u>0</u> / N	Y / N	Y / N	<u>0</u> / 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: <u>Steven D. Homan</u>	OIL CONSERVATION DIVISION
Printed name: <u>Steven D. Homan</u>	Entered into RBDMS
Title: <u>Well Tech</u>	Re-test
E-mail Address:	
Date: <u>5/20/16</u>	Phone:
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

