

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

HOBBS OGD

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

MAY 27 2016

RECEIVED

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

| |
|---|
| WELL API NO. 30-025-09624 |
| 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 218 |
| 9. OGRID Number 240974 |
| 10. Pool name or Wildcat Jalmat; T-Y-7R |
| 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 1650 feet from the EAST line
 Section 24 Township 24S Range 36E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: 5 YEAR MIT TEST-UIC PURPOSES

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.

05/02/16 - 5 YEAR MIT. PRESSURE CASING TO 565#, 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 05/24/2016

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

For State Use Only

APPROVED BY: *[Signature]* TITLE Compliance Officer DATE 6/24/16

Conditions of Approval (if any):

Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

MAY 27 2016

BRADENHEAD TEST REPORT

| | | |
|-----------------------------------|--|-----------------------------------|
| Operator Name <i>Legacy</i> | | API Number <i>30-025-09624</i> |
| Property Name <i>Cooper SA</i> | | Well No. <i>218</i> |

7. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|-----------|-----------|------------|------------|------------|----------|-------------|----------|------------|
| <i>10</i> | <i>24</i> | <i>24S</i> | <i>36E</i> | <i>330</i> | <i>S</i> | <i>1650</i> | <i>E</i> | <i>LCA</i> |

Well Status

| | | | | | | | | |
|------------------|----|----------------|----|-----------------|-----|-----|-----------------|-----------------------|
| TA'D WELL YES | NO | SHUT-IN YES | NO | INJECTOR INJ | SWD | OIL | PRODUCER GAS | DATE <i>5/2/16</i> |
|------------------|----|----------------|----|-----------------|-----|-----|-----------------|-----------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|-------------|--|
| Pressure | ϕ | <i>NA</i> | <i>NA</i> | ϕ | <i>540</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 Injected for Waterflood if applies. |
| Gas or Oil | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | |
|-----------------------------|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | <i>mb</i> |
| Date: <i>5/2/16</i> | Phone: |
| Witness: <i>[Signature]</i> | |