

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBS OCS

MAY 27 2016

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-09636
5. Indicate Type of Lease STATE [] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 126
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 G : 1650 feet from the NORTH line and 2310 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:

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

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 520#, 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 [Signature] TITLE COMPLIANCE COORDINATOR DATE 05/24/2016

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

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6/24/16
Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

5

4

3

2

1

11 MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON



Graphic Controls

HOBBS OCD

MAY 27 2016

RECEIVED

DATE

5/2/16
BR 2221

fresh

Legacy

Cooper Jal # 126

30-025-09636

30-025-09636

CD. P. Danc 1/4/16

1000 #

57mg

500-15900

500-15200

500-15200

[Signature]

[Signature]

LEAD

[Signature]

MAY 27 2016

BRADENHEAD TEST REPORT

Operator Name <i>Logan</i>		API Number <i>30-025-09636</i>
Property Name <i>Cooper JA</i>		Well No. <i>126</i>

7. Surface Location

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>G</i>	<i>24</i>	<i>24S</i>	<i>36E</i>	<i>1650</i>	<i>N</i>	<i>2310</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	OIL PRODUCER GAS	DATE <i>5/1/16</i>
---	--	---	-----	---------------------	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>NA</i>	<i>NA</i>	<i>φ</i>	<i>800</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>[Signature]</i>
Date: <i>5/2/16</i>	Witness: <i>[Signature]</i>