

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 OCD**  
**MAY 27 2016**  
**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-09642
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name COOPER JAL UNIT
4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>148</u>
		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.)		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 5 YEAR MIT TEST-UIC PURPOSES <input checked="" type="checkbox"/>	
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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 640#, WITNESSED BY KRISTAL HEADY-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

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6/28/16  
 Conditions of Approval (if any):



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

**HOBBS OCD**

MAY 27 2016

**BRADENHEAD TEST REPORT**

Operator Name <b>LEGACY RESERVES OPERATING LP</b>	APN Number <b>30-025-09642</b>
Property Name <b>COOPER JAL UNIT</b>	Well No. <b>148</b>

**7. Surface Location**

UL - Lot <b>J</b>	Section <b>24</b>	Township <b>24S</b>	Range <b>36E</b>	Feet from <b>2310</b>	N/S Line <b>S</b>	Feet From <b>2310</b>	E/W Line <b>E</b>	County <b>LEA</b>
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**Well Status**

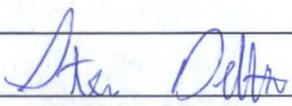
TA'D WELL YES	<b>NO</b>	SHUT-IN YES	<b>NO</b>	<b>INJ</b>	INJECTOR SWD	OIL PRODUCER	GAS	DATE <b>5/2/16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<b>0</b>			<b>0</b>	<b>560</b>
<b>Flow Characteristics</b>					
Puff	<b>Y / N</b>	Y / N	Y / N	<b>Y / N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y / N</b>	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	<b>Y / N</b>	Y / N	Y / N	<b>Y / N</b>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<b>Y / N</b>	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	<b>Y / N</b>	

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

**A - Gas**

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