

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

Form C-103  
 Revised July 18, 2013

**NMOCD**  
**JUN 23 2016**  
**RECEIVED**

WELL API NO. 30-025-32855
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 306443
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 415
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.) 3307' GL

**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

2. Name of Operator  
LEGACY RESERVES OPERATING LP

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

4. Well Location  
 Unit Letter D : 825 feet from the NORTH line and 330 feet from the WEST line  
 Section 25 Township 24S Range 36E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: MIT for TA <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.

CIBP set @ 2925' with 10' of cement.

06/13/16 – Ran MIT, pressure casing to 570#. Witnessed by George Bower-NMOCD, chart attached. Well is now TA'd.

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 06/20/2016

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

**For State Use Only**

APPROVED BY: George Bower TITLE Compliance Officer DATE 6/24/16  
 Conditions of Approval (if any):

PRINTED IN U.S.A.

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Graphic Controls

DATE 6/13/16  
BR 2221

START  
L Gary  
Cooper JAH #415  
T/A STATUS mit  
30-025-32855  
D- 25-245-36E  
CALIB. DATE - 3/10/16  
1000#  
START 5:20#  
END 5:39#  
32 min

James Bowen - OGD  
BENCO

HOBBS OGD  
JUN 23 2016  
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part analysis  
END

JMS



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

**BRADENHEAD TEST REPORT**

Operator Name <i>Legacy</i>	API Number <i>30-025-32855</i>
Property Name <i>Cooper JA1</i>	Well No. <i>415</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>D</i>	<i>25</i>	<i>246</i>	<i>36E</i>	<i>825</i>	<i>N</i>	<i>330</i>	<i>N</i>	<i>Lea</i>

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	SHUT-IN	<input type="checkbox"/> NO	INJECTOR	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	<input type="checkbox"/> GAS	DATE
											<i>6/13/16</i>

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\emptyset$	<i>NA</i>	<i>NA</i>	$\emptyset$	$\emptyset$
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 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.

*T/A STATUS B.H.T. jmb*

**HOBBS OCD**

JUN 23 2016

**RECEIVED**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>6/13/16</i>	Phone:
Witness: <i>[Signature]</i>	