

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address LEGACY RESERVES OPERATING LP PO BOX 10848 MIDLAND, TX 79702		² OGRID Number 240974
⁴ API Number 30 - 025-42985		³ Reason for Filing Code/ Effective Date NW/10-16-2016
⁵ Pool Name LEA; BONE SPRING	⁶ Pool Code 37570	
⁷ Property Code 302802	⁸ Property Name LEA UNIT	⁹ Well Number 35H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	24	20S	34E		2270	S	800	W	LEA

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	13	20S	34E		330	N	430	W	LEA

¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
F	P				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
34053	PLAINS MARKETING, L.P. 500 DALLAS, STE. 700 HOUSTON, TX	OIL
24650	TARGA MIDSTREAM SERVICES LLC 1000 LOUISIANA, STE. 4700 HOUSTON, TX 77002	GAS

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IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PBDT	²⁵ Perforations	²⁶ DHC, MC
07/24/2016	10/16/2016	18,141	18,141	10,864-18,065	
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1810'	1500 sx Class C		
12 1/4"	9 5/8"	5615'	1900 sx Class C		
8 3/4"	5 1/2"	18,141'	3500 sx Class C		

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
10/17/2016	10/17/2016	11/19/2016	24 HRS	400#	85#
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
	1383	1501	762	PUMPING/ESP	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Laura Pina*
Printed name: LAURA PINA
Title: COMPLIANCE COORDINATOR
E-mail Address: lpina@legacylp.com
Date: 01/27/2017
Phone: 432-689-5200

OIL CONSERVATION DIVISION
Approved by: *[Signature]*
Title: Petroleum Engineer
Approval Date: 01/27/17

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM123525

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
LEA UNIT 35H

2. Name of Operator Contact: D. PATRICK DARDEN, PE
LEGACY RESERVES OPERATING LP-Mail: pdarden@legacyp.com

9. API Well No.
30-025-42985

3a. Address
PO BOX 10848
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-689-5200

10. Field and Pool or Exploratory Area
LEA; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 24 T20S R34E NWSW 2270FSL 800FWL

11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

09/04/2016 Ran Gamma Ray/CCL log
09/05-10/12/2016 Perf Bone Spring fr/10,864'-18,065' w/870 shots. Treated well w/1,758 bbls 10% acid, 9,010,658# sand & 212,966 bbls fluid.
10/13-10/15/2016 Drilled out plugs.
10/16/2016 Began flowback operations.
10/22/2016 Date of first production.

HOBBS OCD

JAN 27 2017

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14. I hereby certify that the foregoing is true and correct.

Electronic Submission #365157 verified by the BLM Well Information System
For LEGACY RESERVES OPERATING LP, sent to the Hobbs

Name (Printed/Typed) D. PATRICK DARDEN, PE

Title SR. ENGINEERING ADVISOR

Signature (Electronic Submission)

Date 01/27/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title _____

Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM123525

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
 Other _____

2. Name of Operator: LEGACY RESERVES OPERATING LE-Mail: pdarden@legacylp.com
 Contact: D. PATRICK DARDEN, PE

3. Address: PO BOX 10848 MIDLAND, TX 79702
 3a. Phone No. (include area code) Ph: 432-689-5200

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 At surface NWSW 2270FSL 800FWL
 At top prod interval reported below Sec 13 T20S R34E Mer
 At total depth NWNW 330FNL 430FWL

6. If Indian, Allottee or Tribe Name
 7. Unit or CA Agreement Name and No.
 8. Lease Name and Well No. LEA UNIT 35H
 9. API Well No. 30-025-42985
 10. Field and Pool, or Exploratory LEA; BONE SPRING
 11. Sec., T., R., M., or Block and Survey or Area Sec 24 T20S R34E Mer
 12. County or Parish LEA
 13. State NM
 14. Date Spudded 07/24/2016
 15. Date T.D. Reached 08/11/2016
 16. Date Completed D & A Ready to Prod. 10/16/2016
 17. Elevations (DF, KB, RT, GL)* 3696 GL

18. Total Depth: MD 18141 TVD 10409
 19. Plug Back T.D.: MD 18141 TVD 10409
 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR/CCL
 22. Was well cored? No Yes (Submit analysis)
 Was DST run? No Yes (Submit analysis)
 Directional Survey? No Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J-55	54.5	0	1810		1500		0	
12.250	9.625 HCL-80	40.0	0	5615		1900		0	
8.750	5.500 HCP-110	20.0	0	18141		3500		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	9811							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	10864	18065	10864 TO 18065	0.410	870	
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
10864 TO 18065	FRAC'D W/9,010,658# SAND & 212,966 BBLs FLD

HOBBS OCD
JAN 27 2017

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
10/17/2016	11/19/2016	24	→	1383.0	762.0	1501.0	38.8	0.81	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	400	85.0	→	1383	762	1501	551	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

(See Instructions and spaces for additional data on reverse side)
 ELECTRONIC SUBMISSION #365162 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
BONE SPRING	8320	8840		BELL	5567
1ST BONE SPRING	9489	10136		BRUSHY CANYON	6569
2ND BONE SPRING	10136	10868		BONE SPRING	8320
3RD BONE SPRING	10868	10996		1ST BONE SPRING	9489
				2ND BONE SPRING	10136
				3RD BONE SPRING	10868

32. Additional remarks (include plugging procedure):

DIRECTIONAL SURVEY ATTACHED. LOGS WILL BE MAILED TO THE BLM CARLSBAD OFFICE.

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7 Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #365162 Verified by the BLM Well Information System.
For LEGACY RESERVES OPERATING LP, sent to the Hobbs

Name (please print) D. PATRICK DARDEN, PE Title SR. ENGINEERING ADVISOR

Signature _____ (Electronic Submission) Date 01/27/2017

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018



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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMMN123525
2. Name of Operator LEGACY RESERVES OPERATING LP- Mail: pdarden@legacylp.com Contact: D. PATRICK DARDEN, PE		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 10848 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-689-5200	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T20S R34E NWSW 2270FSL 800FWL		8. Well Name and No. LEA UNIT 35H
		9. API Well No. 30-025-42985
		10. Field and Pool or Exploratory Area LEA; BONE SPRING
		11. County or Parish, State LEA COUNTY, NM

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Name (Printed/Typed) D. PATRICK DARDEN, PE	Title SR. ENGINEERING ADVISOR
Signature (Electronic Submission)	Date 01/27/2017

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