

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

**HOBBS OCD**  
**AUG 21 2017**  
**RECEIVED**

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address <b>LEGACY RESERVES OPERATING LP PO BOX 10848 MIDLAND, TX 79702</b>		<sup>2</sup> OGRID Number <b>240974</b>
		<sup>3</sup> Reason for Filing Code/ Effective Date <b>NW/05-21-2017</b>
<sup>4</sup> API Number <b>30 - 025-43143</b>	<sup>5</sup> Pool Name <b>LEA; BONE SPRING</b>	<sup>6</sup> Pool Code <b>37570</b>
<sup>7</sup> Property Code <b>302802</b>	<sup>8</sup> Property Name <b>LEA UNIT</b>	<sup>9</sup> Well Number <b>45H</b>

**II. <sup>10</sup> Surface Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	01	20S	34E		630	S	710	W	LEA

**<sup>11</sup> 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
M	12	20S	34E		340	S	648	W	LEA

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

**III. Oil and Gas Transporters**

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

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBSD	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
03/25/2017	05/21/2017	15,769'	15,722'	11,155'-15,699'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1790'	1500 sx		
12 1/4"	9 5/8"	5430'	1900 sx		
8 3/4"	5 1/2"	15,769'	2600 sx		
	2 7/8"	9,730'			

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
05/25/2017	06/09/2017	06/10/2017	24 HRS	410	150
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
	455	1180	102	Producing	

<sup>42</sup> 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: **08/17/2017** Phone: **432-689-5200**

OIL CONSERVATION DIVISION

Approved by: *[Signature]*

Title: **Petroleum Engineer**

Approval Date: **08/29/17**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**HOBBS OCD**

AUG 21 2017

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.*

**RECEIVED**

5. Lease Serial No.  
NMNM02127B

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
LEA UNIT 45H

9. API Well No.  
30-025-43143

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

11. County or Parish, State  
LEA CO COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

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

3a. Address  
303 W WALL ST SUITE 1800  
MIDLAND, TX 79701

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 1 T20S R34E SWSW 630FSL 710FWL

**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.

05/01/2017 Ran Gamma Ray/CCL log.

05/15-21/2017 Perf Bone Spring fr/11,155'-15,699' MD w/660 shots. Treated well w/2,118 bbls 10% acid, 5,725,648# sand & 143,352 BW.

05/22-23/2017 Drilled out plugs.

05/23-24/2017 Flowback operations.

05/25/2017 Date of first production.

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

**Electronic Submission #385045 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 08/17/2017

**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 \*\***

AUG 21 2017

Form 3160-4  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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



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## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			5. Lease Serial No. NMNM02127B		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator LEGACY RESERVES OPERATING LP-Mail: pdarden@legacylp.com			7. Unit or CA Agreement Name and No.		
3. Address 303 W. WALL ST STE 1800 MIDLAND, TX 79701			8. Lease Name and Well No. LEA UNIT 45H		
3a. Phone No. (include area code) Ph: 432-689-5200 Ext: 5237			9. API Well No. 30-025-43143		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 1 T20S R34E Mer At surface SWSW 630FSL 710FWL At top prod interval reported below FSL FWL Sec 12 T20S R34E Mer At total depth SWSW 340FSL 648FWL			10. Field and Pool, or Exploratory LEA; BONE SPRINGS		
14. Date Spudded 03/25/2017			11. Sec., T., R., M., or Block and Survey or Area Sec 1 T20S R34E Mer		
15. Date T.D. Reached 04/11/2017			12. County or Parish LEA COUNTY		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 05/21/2017			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3673 GL			18. Total Depth: MD 15769 TVD 10410		
19. Plug Back T.D.: MD 15769 TVD 10410			20. Depth Bridge Plug Set: MD TVD		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR-CCL			22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	1790		1500		0	
12.250	9.625 HCL80	40.0	0	5430		1900		0	
8.750	5.500 HCP110	20.0	0	15769		2600		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	9730							

### 25. Producing Intervals

### 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11155	15699	11155 TO 15699		660	PRODUCING
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
11155 TO 15699	TREAT WELL W/2,118 BBLs ACID & 5,725,648# SD & 143,352 BBL WTR

### 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
05/25/2017	06/10/2017	24	→	455.0	102.0	1180.0	42.6	0.81	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	410	150.0	→	455	102	1180	224	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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #385051 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
BELL CANYON	7507	8473		BELL CANYON	7507
BRUSHY CANYON	8473	8778		AVALON	8778
AVALON	8778	9498		1ST BONE SPRING	9498
1ST BONE SPRING	9498	10035		2ND BONE SPRING	10035
2ND BONE SPRING	10035	10693		3RD BONE SPRING	10693
3RD BONE SPRING	10693	10990			

32. Additional remarks (include plugging procedure):

Directional survey attached. Log will be mailed to 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 #385051 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 08/17/2017

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**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***