

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 87400  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
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. 30-025-10611
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED <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 SKELLY PENROSE A UNIT
4. Well Location Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line Section 3 Township 23S Range 37E NMPM County LEA		8. Well Number 23
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3300' DF		9. OGRID Number 240974
		10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRYBG

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:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: PRESSURE TEST-UIC PURPOSES ☒

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.

10/26/18 - RAN MIT, PRESSURE CASING TO 580#. 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 Laura Pina TITLE COMPLIANCE COORDINATOR DATE 11/14/2018

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

For State Use Only

APPROVED BY: George Bower TITLE Compliance Supervisor DATE 11/20/18  
Conditions of Approval (if any):

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>30-025-10611</i>
Property Name <i>Skelly Perrose A</i>		Well No. <i>23</i>

UL - Lot <i>F</i>	Section <i>3</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SWD	OIL	PRODUCER GAS	DATE <i>10/26/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
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.

RECEIVED  
NOV 19 2018  
HOBBS OGD

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>[Signature]</i>
Date: <i>10/26/18</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

