

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

Form C-103  
 Revised July 18, 2013

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

HOBBS OCD  
 MAY 10 2019  
 RECEIVED

WELL API NO. 30-025-25495
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DENTON
8. Well Number 1
9. OGRID Number 240974
10. Pool name or Wildcat DENTON (DEVONIAN)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,788' GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 O : 990 feet from the SOUTH line and 1980 feet from the EAST line  
 Section 11 Township 15S Range 37E NMPM County LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 extension <input checked="" type="checkbox"/>	

*J.P.M.*

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.

05/02/19 Ran MIT, pressure casing to 580#, held. Witnessed by Kerry Fortner-OCD, chart attached.

This Approval of TA EXPIRES: 5/2/20  
**FINAL TA STATUS EXTENSION -**  
 Well needs to be **PLUGGED** or **RETURNED** to **PRODUCTION**

BY THE DATE STATED ABOVE: 5/2/20 *KF*

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 05/07/2019

Type or print name Laura Pina E-mail address: lpina@legacylp.com PHONE: 432-689-5273  
**For State Use Only**

APPROVED BY: *Kerry Fortner* TITLE Compliance officer A DATE 5-20-19  
 Conditions of Approval (if any):



State of New Mexico  
 Enerw, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office  
 Phone: (575) 393-6161 Fax. (575) 393-0720

## BRADENHEAD TEST REPORT

<b>Operators Name</b> LEGACY RESERVES	<b>API Number</b> 30-025-25495
<b>Property Name</b> DENTON	<b>Well Number</b> 1

### SURFACE Location

	Unit Letter <b>O</b>	Section <b>11</b>	Town ship <b>15-S</b>	Range <b>37-E</b>		Feet from <b>990</b>	N-S Line <b>FSL</b>		Feet from <b>1980</b>	E/W Line <b>FEL</b>		County <b>LEA</b>
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### Well Status

TA'd <input checked="" type="radio"/> Yes <input type="radio"/> No	Shut In <input checked="" type="radio"/> Yes <input type="radio"/> No	Injector <input type="radio"/> Yes <input checked="" type="radio"/> No	Producer <input checked="" type="radio"/> Yes <input type="radio"/> No	Comments
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	(A)Surface	(B)Intermediate	(C)Intermediate	(D)Production	(E)Tubing	
Pressure	0	0	-	0	0	Type of Fluid CO2 WTR GAS Injected for waterflood if applies
Flow Characteristics					TAed	
Puff	Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y	N	
Steady Flow	Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Surges	Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Gas or Oil	Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Water	Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	

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

TA STATUS Test start 580  
 Kill IT services End 588  
 ser # 8127 cal 2/14/19

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Leo Hernandez</i>	
Title: <i>Well Tech</i>	Re-test
E-mail Address: <i>lhernandez@calenergy.com</i>	<i>XZ</i>
Date: <i>5-2-19</i>	Phone: <i>432 556 4244</i>
Witness: <i>Kerry Fortner - OCD</i>	EMNRD/OCD

399-3221