

District I - (575) 393-6161

District II - (575) 748-1283

District III - (505) 334-6178

District IV - (505) 476-3460

1625 N. French Dr., Hobbs, NM 88240

811 S. First St., Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

1220 S. St. Francis Dr., Santa Fe, NM 87505

87505

HOBBS

JUL 29 2019

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-09558

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

306443

7. Lease Name or Unit Agreement Name

COOPER JAL UNIT

8. Well Number 107

9. OGRID Number

240974

10. Pool name or Wildcat

Jalmat; Tansill-Yates-7Rvrs

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 K : 1650 feet from the SOUTH line and 1980 feet from the WEST lineSection 13 Township 24S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3316' GL

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: MIT for TA extension ☒

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.

07/24/19 Ran MIT, pressure casing to 580#. Witnessed by Gary Robinson-OCD, 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 07/26/2019Type or print name Laura Pina E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 8-6-19

Conditions of Approval (if any):

HOBBS OCD

JUL 29 2019

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

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves	API Number 30-025-08558
Property Name Cooper JAL	Well No. 107

Surface Location

UL - Lot K	Section 13	Township 24S	Range 36E	Feet from 1650	N/S Line S	Feet From 1990	E/W Line W	County LEA
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Well Status

PROD WELL <input checked="" type="radio"/> YES	NO	SHUT-IN <input checked="" type="radio"/> YES	NO	INJ	INJECTOR <input type="radio"/> YES	SWD	PRODUCER <input checked="" type="radio"/> OIL	GAS	DATE 7-24-19
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	0	N/A	N/A	VAC	None
Flow Characteristics					
Pull	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of fluid injected for water level if applies
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	

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

T/A

Flowlines needs to be disconnected from Well

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness:	Larry Robinson

INSTRUCTIONS ON BACK OF THIS FORM

