

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
HOBBBS
JUL 29 2019
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

| | | |
|--|--|---|
| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | WELL API NO. <input checked="" type="checkbox"/> 30-025-32855 |
| 2. Name of Operator LEGACY RESERVES OPERATING LP | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 3. Address of Operator PO BOX 10848, MIDLAND, TX 79702 | | 6. State Oil & Gas Lease No. 306443 |
| 4. Well Location Unit Letter <u>D</u> : <u>825</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>LEA</u> | | 7. Lease Name or Unit Agreement Name COOPER JAL UNIT |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3307' GL | | 8. Well Number <u>415</u> |
| 9. OGRID Number 240974 | | 10. Pool name or Wildcat Jalmat; T-Y-7R/Langlie Mattix; 7R-Q-G |

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 575#. 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 07/26/2019

Type 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):

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 30-025-32855 |
| Property Name COOPER JAC | | Well No. 415 |

Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|-----------|------------|------------|------------|----------|------------|----------|------------|
| D | 25 | 24S | 36E | 825 | N | 330 | W | LEA |

Well Status

| | | | | | | | | | | | | |
|---|-----------|----|---|---------|----|-----|----------|-----|---|----------|-----|------------------------|
| <input checked="" type="checkbox"/> YES | TA'D WELL | NO | <input checked="" type="checkbox"/> YES | SHUT-IN | NO | INJ | INJECTOR | SWD | <input checked="" type="checkbox"/> OIL | PRODUCER | GAS | DATE 7-24-19 |
|---|-----------|----|---|---------|----|-----|----------|-----|---|----------|-----|------------------------|

OBSERVED DATA

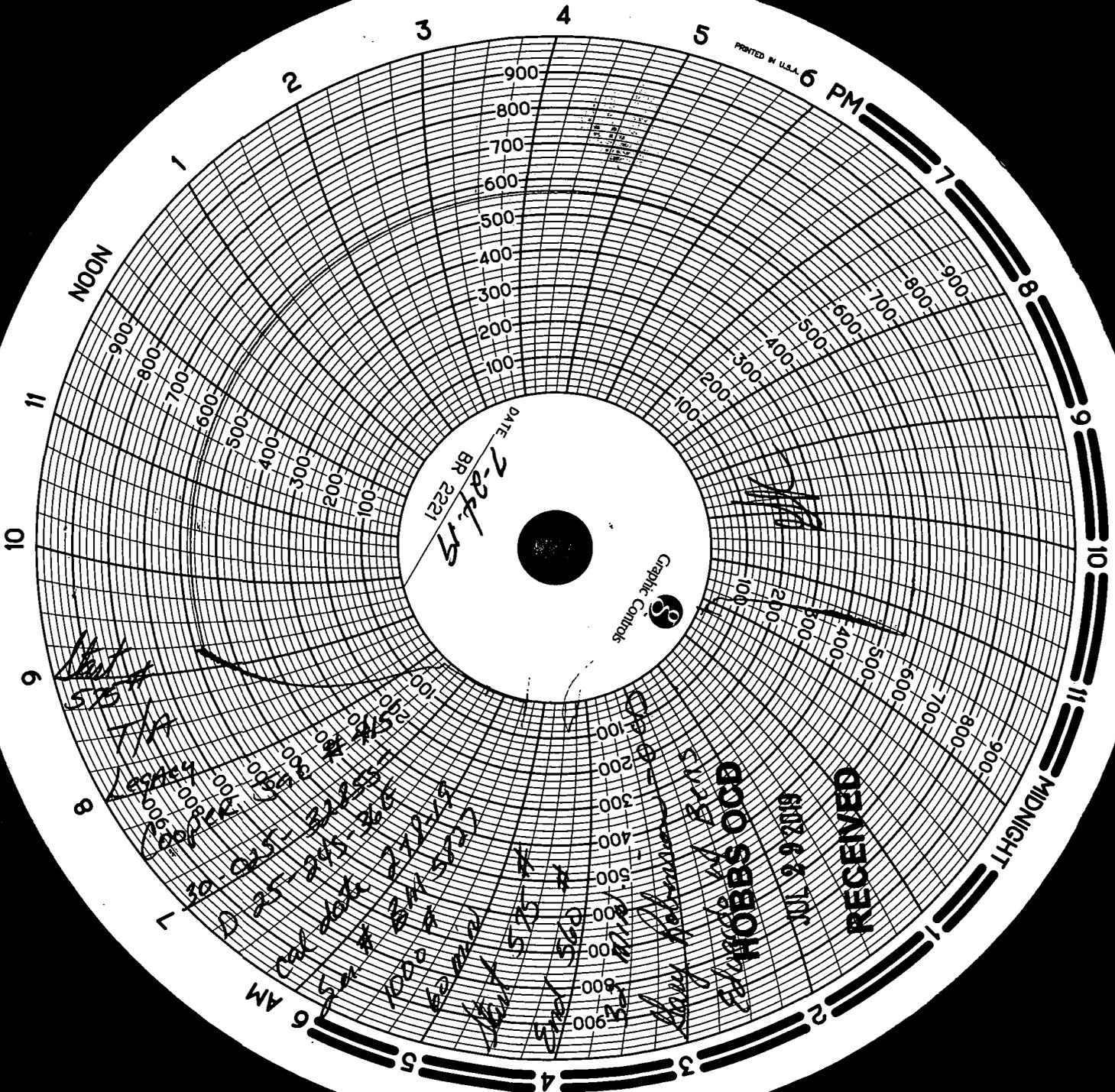
| | (A)Surface | (B)Intern(1) | (C)Intern(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|-------------|--|
| Pressure | N/A | N/A | N/A | 0 | NONE |
| Flow Characteristics | | | | | |
| Pull | Y/N | Y/N | Y/N | Y/N | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR <input type="checkbox"/> |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of fluid Injured to Water level if applies |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | |
| Water | Y/N | Y/N | Y/N | Y/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
 Flowline needs to be disconnected from well head.

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

PRINTED IN U.S.A.



DATE 7-24-15
 BR 2221

Graphic Controls

RECEIVED
 HOBBS OOD
 6112 & 2101

Handwritten notes and data points on the grid, including:

- 1000
- 800
- 600
- 400
- 200
- 100
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- NOON
- MIDNIGHT
- AM
- PM