

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

Revised July 18, 2013

District I - (575) 393-6161
1625 N. French Dr., Hobbs,
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,
87505

Energy, Minerals and Natural Resources

HOBBS

JUL 29 2019

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

| | |
|---|-------------------------------------|
| WELL API NO. 30-025-09558 | <input checked="" type="checkbox"/> |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | |
| 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 | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3316' GL | |

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 line
Section 13 Township 24S Range 36E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *√ p.m.*

| | | | |
|--|---|---|--|
| 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"/> | |

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.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 7-24-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 2019

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: [Signature] TITLE Compliance Officer DATE 8-6-19
Conditions of Approval (if any):

District I
 1625 N. French Dr., Hobbs, NM 88340
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

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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 |

1. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|-----------|------------|------------|-------------|----------|-------------|----------|------------|
| K | 13 | 24S | 36E | 1650 | S | 1980 | W | LEA |

Well Status

| | | | | | | | | |
|---|-----------------------------|---|-----------------------------|------------------------------|------------------------------|---|------------------------------|------------------------|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> INJ | <input type="checkbox"/> SWD | <input checked="" type="checkbox"/> OIL | <input type="checkbox"/> GAS | DATE 7-24-19 |
|---|-----------------------------|---|-----------------------------|------------------------------|------------------------------|---|------------------------------|------------------------|

OBSERVED DATA

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

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

N/A
Flowlines needs to be disconnected from Well

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

INSTRUCTIONS ON BACK OF THIS FORM

