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

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

HOBBS OCD
SEP 26 2019
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-38189	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	
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.)	7. Lease Name or Unit Agreement Name COOPER JAL UNIT
1. Type of Well: Oil Well ☒ Gas Well ☐ Other	8. Well Number 504
2. Name of Operator LEGACY RESERVES OPERATING LP	9. OGRID Number 240974
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	10. Pool name or Wildcat JALMAT;TAN-YATES-7RVRS/LANGLIE MATTIX;7RVRS-Q-G
4. Well Location Unit Letter F : 1330 feet from the NORTH line and 2468 feet from the WEST line Section 18 Township 24S Range 37E NMPM County LEA	
11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3296' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		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.

09/12/19 Ran MIT, pressure casing to 580#. OCD notified, unable to witness, chart attached.

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 9/22/20
Well needs to be PLUGGED OR RETURNED to PRODUCTION
BY THE DATE STATED ABOVE: _____

Spud Date: _____ Rig Release Date: _____

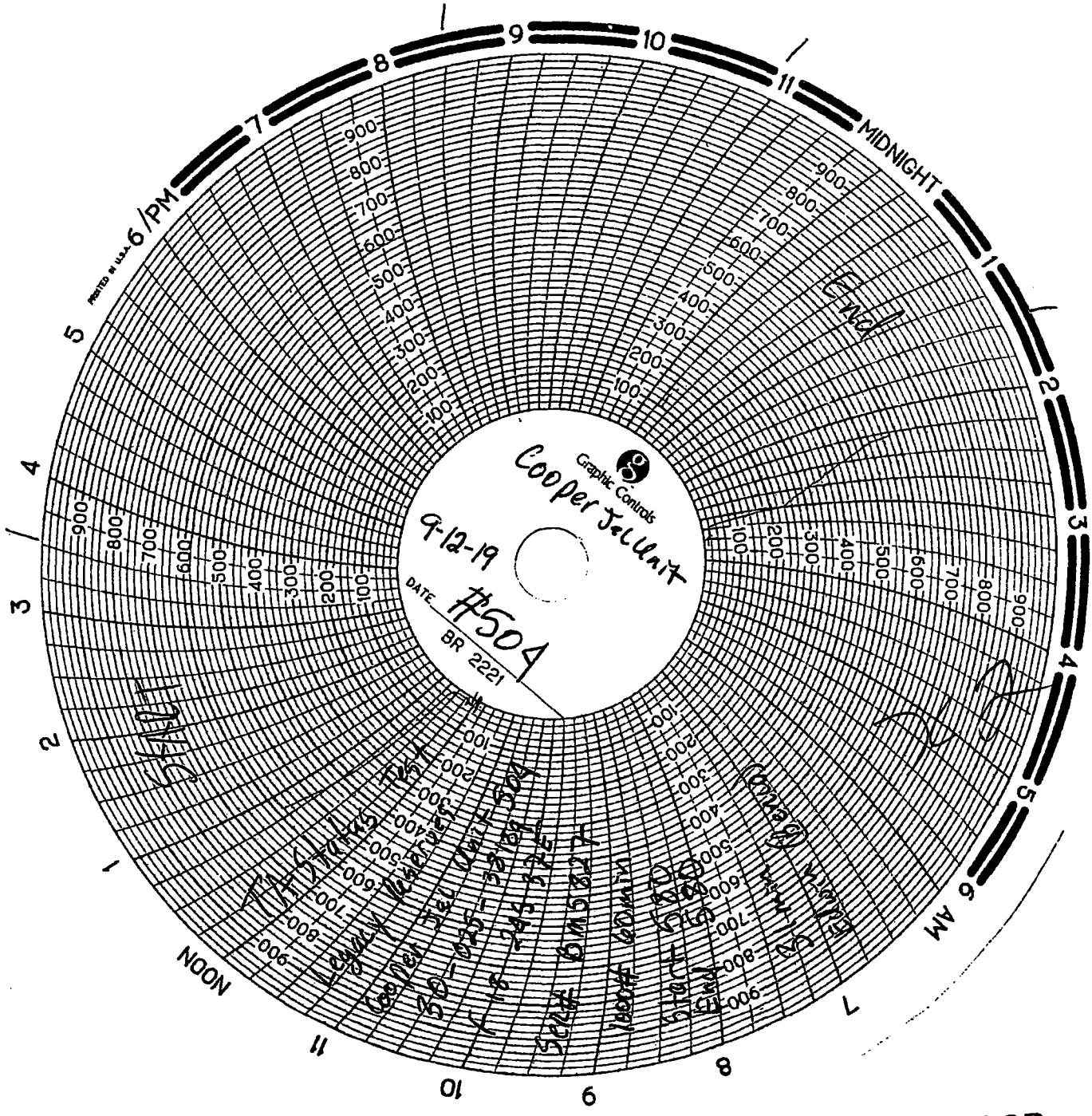
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Pina TITLE Compliance Coordinator DATE 09/26/2019

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE C. O. A DATE 9-26-19
Conditions of Approval (if any):



HOBBS OCD
SEP 26 2019
RECEIVED

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Legacy Reserves	30 025 38189
Property Name	**Well No.**
	504

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
F	18	24S	37E		1330	N	2468	W	Lea

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
(YES)	NO	(YES)	NO	INJ	SWD	(OIL)	GAS	9-12-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	Ø			10	Ø
Flow Characteristics					
Puff	(Y) / N	Y / N	Y / N	(Y) / N	CO2 ___
Steady Flow	Y / (N)	Y / N	Y / N	Y / (N)	WTR ___
Surges	Y / (N)	Y / N	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood 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.

D - only had a puff, went to Øpsi immed.

HOBBS OCD
SEP 26 2019
RECEIVED

Signature: Dustin Reeder		OIL CONSERVATION DIVISION
Printed name: Dustin Reeder		Entered into RBDMS
Title: prod Tech		Re-test
E-mail Address: dreeder@LegacyReserves.com		
Date: 9-12-19	Phone:	
	Witness:	

INSTRUCTIONS ON BACK OF THIS FORM