

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) 334-1283
 1000 Rio Brazos Rd., Las Alamos, 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

Form C-103
 Revised July 18, 2013

HOBBS OCD
NOV 01 2019
RECEIVED

WELL API NO. 30-025-09641
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 135
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat;T-Y-7Rvrs;Langlie Mattix;7R-Q-G
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312' 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 INJECTION

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 24 Township 24S Range 36E 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: Pressure Test - UIC Purposes <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.

10/29/19 - Ran MIT, pressure casing to 350#. Witnessed by Kerry Fortner-NMOCD, 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 10/31/2019

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

APPROVED BY: Kerry Fortner TITLE C.O A DATE 11-15-19

Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves Operating		API Number 30-025-09641
Property Name Cooper JAI Unit		Well No. 135

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
0	24	24-S	36-E	990	S	1980	E	Lea

Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> NO	SWD	OIL PRODUCER OIL <input checked="" type="checkbox"/> GAS	DATE 10-29-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	NA	NA	0	760
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	CO2
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS
Down to nothing	<input checked="" type="checkbox"/> /N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	Type of fluid injected for waterflood if applies
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	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.

U2 C TEST
 Ben's Oilfield Serv
 Ser# BM

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

399-3221

INSTRUCTIONS ON BACK OF THIS FORM