

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

Form C-103  
Revised July 18, 2013

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

NOV 07 2019

WELL API NO. 30-025-10416
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LANGLIE MATTIX PENROSE SAND UNIT
8. Well Number 142
9. OGRID Number 240974
10. Pool name or Wildcat LANGLIE MATTIX;7R-Q-G
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3337' GR

**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 J : 1980 feet from the SOUTH line and 1980 feet from the EAST line  
Section 22 Township 22S Range 37E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 360#. 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 11/01/2019

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. DATE 11-15-19  
Conditions of Approval (if any):



Graphic Controls

10-29-19

DATE CMPS# 142  
BR 2221

MIDNIGHT

6 AM

NOON

PRINTED IN U.S.A. 6 PM

START

STOP

1000  
900  
800  
700  
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END

Bars all fields seen  
Kerry Kottner - O.C.D.  
V. 900  
V. 800  
V. 700  
V. 600  
V. 500  
V. 400  
V. 300  
V. 200  
V. 100

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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

Legacy Reserves Operating		Operator Name	30-025-10416	
LMPSU			Property Name	Well No. 142

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
5	22	22-S	37E	1980	S	1980	E	LEA

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SWD	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	10-29-19

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	NA	NA	0	125
Flow Characteristics					NOT INJ
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

UI e Test  
 Ben's oilfield services  
 ser# BM 5827  
 Cal 8-26-19

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>JJ</i>
E-mail Address:	
Date: 10-29-19	Phone:
Witness: Kerry Fortner - OCD	

399-3221