

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  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-11139
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 118
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.) 3302' GL

**HOBBS OCD**  
**NOV 07 2019**  
**RECEIVED**

**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 : 660 feet from the SOUTH line and 1980 feet from the EAST line  
 Section 18 Township 24S 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 10/31/2019

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



Graphic Controls

C54118  
10-29-19

DATE BR 2221

START

END

Annual AIC  
Legacy Reserves

15M  
10M  
5M

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON

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

**BRADENHEAD TEST REPORT**

Operator Name <i>Legacy Reserves Operating</i>		API Number <i>30-025-11139</i>
Property Name <i>Cooper JAL Unit</i>		Well No. <i>118</i>

**1. Surface Location**

UL - Lot <i>0</i>	Section <i>18</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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**Well Status**

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD	PRODUCER OIL	GAS	DATE <i>10-29-19</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>400</i>
<u>Flow Characteristics</u>					
Puff	<i>Y / <del>0</del></i>	<i>Y / <del>0</del></i>	<i>Y / N</i>	<i>0 / N</i>	CO2 WTR ___ GAS ___ Type of Fluid Injered for Waterflood if applies
Steady Flow	<i>Y / <del>0</del></i>	<i>Y / <del>0</del></i>	<i>Y / N</i>	<i>Y / <del>0</del></i>	
Surges	<i>Y / <del>0</del></i>	<i>Y / <del>0</del></i>	<i>Y / N</i>	<i>Y / <del>0</del></i>	
Down to nothing	<i>0 / N</i>	<i>0 / N</i>	<i>Y / N</i>	<i>0 / N</i>	
Gas or Oil	<i>Y / <del>0</del></i>	<i>Y / <del>0</del></i>	<i>Y / N</i>	<i>Y / <del>0</del></i>	
Water	<i>Y / <del>0</del></i>	<i>Y / <del>0</del></i>	<i>Y / N</i>	<i>Y / <del>0</del></i>	

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

*MIT / BHT*  
~~Ben's~~ Ben's oilfield Serv.  
 Ser BM 5827  
 Cal 8-26-19

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>[Signature]</i>
Date:	Phone:	
Witness: <i>Kerry Fortner - ocd</i>		
		<i># 399-3221</i>

INSTRUCTIONS ON BACK OF THIS FORM