

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 COCD
NOV 07 2019
RECEIVED

Form C-103
Revised July 18, 2013

| |
|---|
| WELL API NO. 30-025-23198 |
| 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 152 |
| 9. OGRID Number 240974 |
| 10. Pool name or Wildcat LANGLIE MATTIX;7R-Q-G |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325' 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 P : 660 feet from the SOUTH line and 660 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

| | | | |
|--|---|---|--|
| 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 340#. 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.

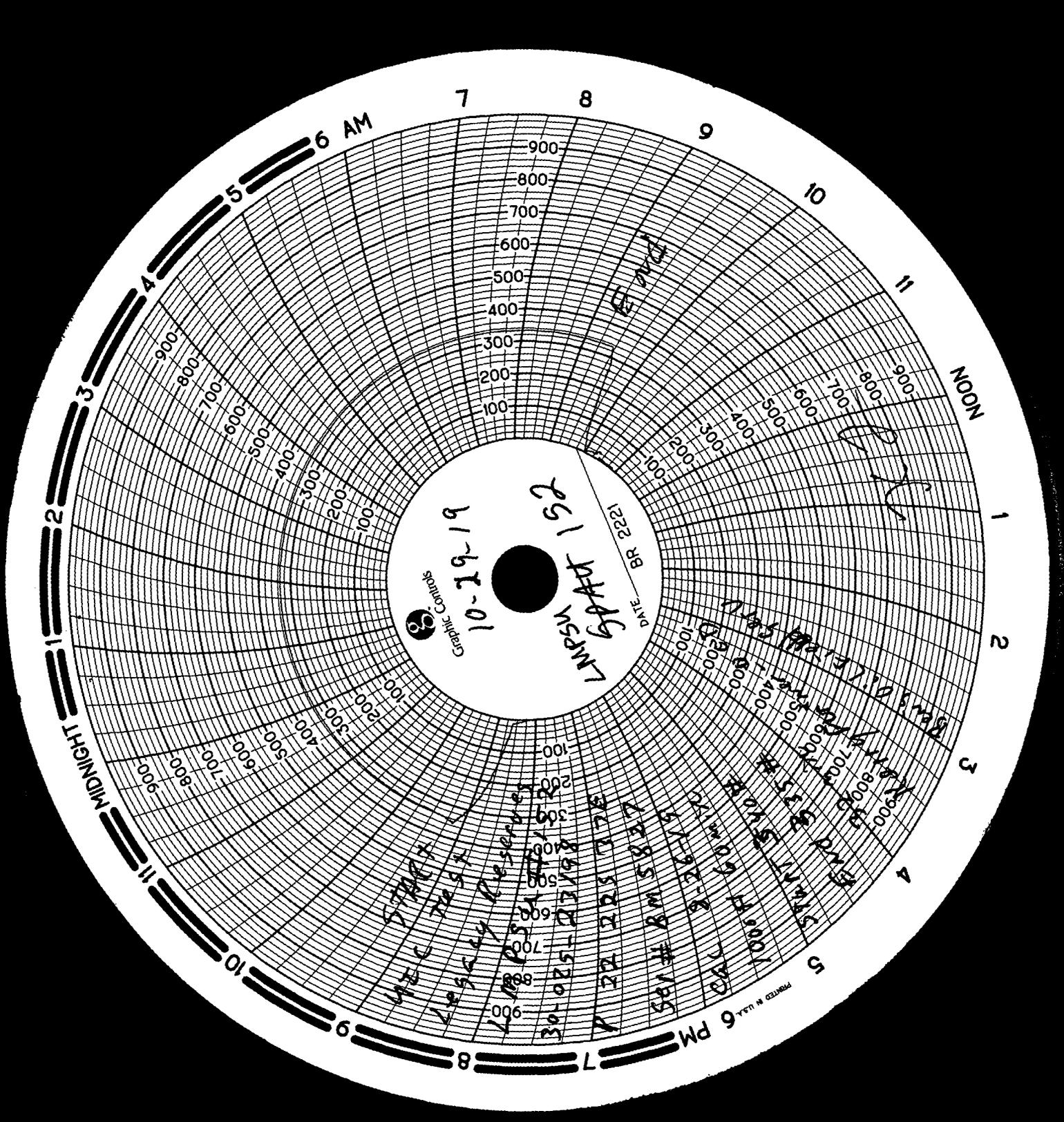
SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 11/01/2019

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 COA DATE 11-15-19

Conditions of Approval (if any):



Graphic Controls

10-19-19

LMPNH 161

DATE BR 2221

MIDNIGHT

NOON

6 PM

6 AM

WPC STATION

PRINTED IN U.S.A.

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

BRADENHEAD TEST REPORT

| | | |
|--|--|-----------------------------------|
| Operator Name <i>Legacy Reserves - O Peraring</i> | | API Number <i>30-025-23198</i> |
| Property Name <i>Langlemattib Penrose SAND unit</i> | | Well No. <i>152</i> |

⁷ Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot <i>P</i> | Section <i>22</i> | Township <i>22S</i> | Range <i>37E</i> | Feet from <i>660</i> | N/S Line <i>S</i> | Feet From <i>660</i> | E/W Line <i>E</i> | County <i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

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

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|----------------|--------------|--------------|-------------|--------------------|
| Pressure | <i>0</i> | <i>NA</i> | <i>NA</i> | <i>0</i> | <i>1600</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | CO2 _____ |
| Steady Flow | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | WTR _____ |
| Surges | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | GAS _____ |
| Down to nothing | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | If applicable type |
| Gas or Oil | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | fluid injected for |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Waterflood |

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

*WE C Test
 Ben's Oilfield serv
 ser # Bm 5827
 cal 8-26-19*

| | |
|-------------------------------------|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test <i>JA</i> |
| E-mail Address: | |
| Date: | Phone: |
| Witness: <i>Korry Furtner - OCD</i> | |

393-3221