

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. 30-025-10607
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SKELLY PENROSE A UNIT
8. Well Number 27
9. OGRID Number 240974
10. Pool name or Wildcat LANGLIE MATTIX; 7RVRS-Q-GRYBG

HOBBS OCD
 APR 22 2020
 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

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702

4. Well Location
 Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the WEST line
 Section 3 Township 23S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3298' GR

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: MIT for TA extension <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.

04/01/2020 Ran MIT, pressure casing to 625#. OCD notified but unable to witness, chart attached.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 10-1-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: KZ

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 04/08/2020

Type or print name LAURA PINA E-mail address: lpina@legacvreserves.com PHONE: 432-689-5273
For State Use Only

APPROVED BY: Kerry Fort TITLE CO DATE 4-24-20
 Conditions of Approval (if any)

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

HOBBS OCD
APR 22 2020
RECEIVED

BRADENHEAD TEST REPORT

Operator Name LEGACY RESERVES OPERATING LP		API Number 30-025-10607	
Property Name SKELLY PENROSE A UNIT		Well No. 27	

Surface Location

UL - Lot K	Section 03	Township 23S	Range 37E	Feet from 1980	NS Line S	Feet From 1980	E/W Line W	County LEA
----------------------	----------------------	------------------------	---------------------	--------------------------	---------------------	--------------------------	----------------------	----------------------

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	SHUT-IN	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	INJECTOR	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	<input type="checkbox"/> GAS	DATE 4-1-2020
---	-----------	-----------------------------	---	---------	-----------------------------	------------------------------	----------	------------------------------	---	----------	------------------------------	-------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	\emptyset			100	N/A
<u>Flow Characteristics</u>					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N	CO2 ___
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input 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"/> Y/ <input type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	Injected for
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N	Waterflood if
					applies.

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

D- Blew down to \emptyset psi in a few seconds

Signature: <i>Dustin Reeder</i>	OIL CONSERVATION DIVISION
Printed name: DUSTIN REEDER	Entered into RBDMS
Title: PRODUCTION TECH	Re-test
E-mail Address:	<i>XR</i>
Date: 4-1-20	
Phone:	
Witness:	