

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. 30-025-38180
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 COOPER JAL UNIT
8. Well Number 501
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rvrs/Langlie Mattix; 7 Rvrs-Q-G
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3300' 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

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
P.O. BOX 10848, MIDLAND, TX 79702

4. Well Location
 Unit Letter D : 1310 feet from the NORTH line and 1248 feet from the WEST line
 Section 18 Township 24S 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: RAN 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.

Legacy requests the current TA status be extended for one year due to the current situation the oil industry is in.

08/10/20- Ran MIT, pressured casing to 540#, OCD notified, but not witnessed. Chart is attached.

HOBBS OCD
AUG 28 2020
RECEIVED

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 3-14-21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X7

Spud Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE MAR TITLE COMPLIANCE COORDINATOR DATE 08/18/2020

Type or print name MELANIE REYES E-mail address: mrcyes@legacyreserves.com PHONE: 432-221-6358

For State Use Only

APPROVED BY: Kenny Felt TITLE COA DATE 9-14-20
 Conditions of Approval (if any):

Chart Rec
Calibration Date
8-2-22

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

BRADENHEAD TEST REPORT

Operator Name LEGACY RESERVES	API Number 30-025-38180
Property Name COOPER JAL UNIT	Well No. 501

² Surface Location

UL - Lot D	Section 18	Township 24S	Range 37E	Feet from 1310	N/S Line N	Feet From 1248	E/W Line W	County LEA
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE 8-10-20
---	-----------	----	---	---------	----	-----	----------	-----	---	----------	-----	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<input checked="" type="checkbox"/>			85 85	<input checked="" type="checkbox"/>
<u>Flow Characteristics</u>					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> 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"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <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	<input checked="" type="checkbox"/> 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.

D Pressure Blew down in a few minutes to 8psi.

Signature: <i>Dustin Reeder</i>	OIL CONSERVATION DIVISION
Printed name: DUSTIN REEDER	Entered into RBDMS
Title:	Re-test <i>XX</i>
E-mail Address: DREEDER@LEGACYRESERVES.COM	
Date: 8-10-20	
Phone:	
Witness:	