

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

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

WELL API NO. 30-025-38189
5. Indicate Type of Lease STATE [] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well Number 504
9. OGRID Number 240974
10. Pool name or Wildcat Jalmat;Tan-Yates-7 Rvrs/Langlie Matix;7 Rvrs-Q-G
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3296' 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 [X] 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 F : 1330 feet from the NORTH line and 2468 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:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: RAN MIT FOR TA EXTENSION [X]

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 550#, OCD notified, but not witnessed. Chart is attached.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 3-14-21
Well needs to be PLUGGED OR RETURNED to PRODUCTION

Spud Date: BY THE DATE STATED ABOVE: [Signature]

HOBBS OCD
AUG 28 2020
RECEIVED

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

SIGNATURE [Signature] TITLE COMPLIANCE COORDINATOR DATE 08/18/2020

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

For State Use Only

APPROVED BY: [Signature] TITLE C O A DATE 9-14-20
Conditions of Approval (if any):

Chord Rec
Collaboration Disk
8-7-20

**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 30-025-38189 |
| Property Name COOPER JAL UNIT | Well No. 504 |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot F | Section 18 | Township 24S | Range 37E | Feet from 1330 | N/S Line N | Feet From 2468 | E/W Line W | County LEA |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

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

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing |
|-----------------------------|--|---|---|--|---------------|
| Pressure | \emptyset | | | 10 | \emptyset |
| Flow Characteristics | | | | | |
| Puff | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | CO2 ___ |
| Steady Flow | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | WTR ___ |
| Surges | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | GAS ___ |
| Down to nothing | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Type of Fluid |
| Gas or Oil | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | Injected for |
| Water | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> 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= just a puff, blew down to \emptyset psi

**HOBBS OCD
 AUG 28 2020
 RECEIVED**

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