

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

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.)		WELL API NO. 30-025-38202
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name COOPER JAL UNIT
4. Well Location Unit Letter <u>J</u> : <u>1370</u> feet from the <u>SOUTH</u> line and <u>1368</u> feet from the <u>EAST</u> line Section <u>18</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>509</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3299 ' GR		9. OGRID Number 240974
		10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rvrs/Langlie Mattix; 7 Rvrs-Q-G

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 ☒

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, pressure 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
BY THE DATE STATED ABOVE: XZ

Spud Date:

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 MELANIE REYES TITLE COMPLIANCE COORDINATOR DATE 8/18/2020

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

For State Use Only

APPROVED BY: Kerry Jantz TITLE COA DATE 9-14-20

Conditions of Approval (if any):

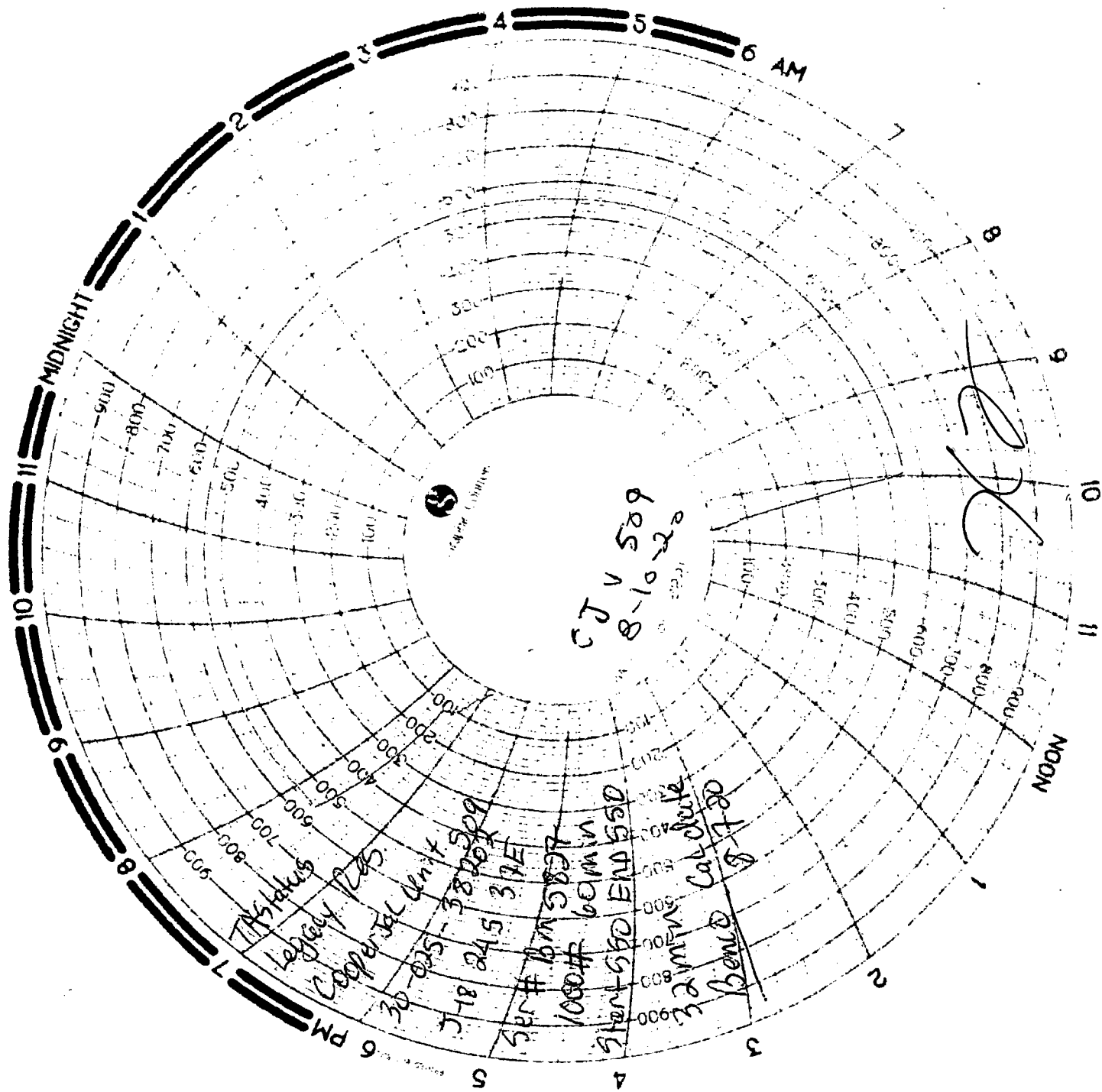


Chart Rel
Calibration Date
8-7-20

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 30-025-38202
Property Name COOPER JAL UNIT		Well No. 509

1. Surface Location

UL - Lot J	Section 18	Township 24S	Range 37E	Feet from 1370	N/S Line S	Feet From 1368	E/W Line E	County LEA
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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
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ			ϕ	ϕ
Flow Characteristics					
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	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR ___
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> 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.

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>[Signature]</i>	
Date: 8-10-20	Phone:		
	Witness:		