Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-31736
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE 🛛 🗸
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SECTION	SOUTH JUSTIS UNIT "E"
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other INJECTION	8. Well Number 240
2. Name of Operator	Gas Well Other INJECTION	9. OGRID Number
LEGACY RE	240974	
3. Address of Operator	18, MIDLAND, TX 79702	10. Pool name or Wildcat
	48, MIDLAND, TX 79702	JUSTIS BLBRY-TUBB-DKRD
4. Well Location		
Unit Letter <u>E</u> :		nd <u>330</u> feet from the <u>WEST</u> line
Section <u>25</u>	Township 25S Range 3'	
and the second	11. Elevation (Show whether DR, RKB, RT, GR	R, etc.)
12. Check A	ppropriate Box to Indicate Nature of No	tice, Report or Other Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	WORK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	E DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CE	MENT JOB
DOWNHOLE COMMINGLE	a the start of the start of the start of the	
CLOSED-LOOP SYSTEM		
OTHER:		YEAR MIT TEST-UIC PURPOSES
		Is, and give pertinent dates, including estimated date
	rk). SEE RULE 19.15.7.14 NMAC. For Multiple	le Completions: Attach wellbore diagram of
proposed completion or reco	ompletion.	
AND THE SWEAD MIT DDEC	SUDE CASDIC TO 570# UELD WITHESSED	DV CARL FLOWERS MACOR
	SURE CASING TO 570#, HELD. WITNESSED	D BY CARL FLOWERS-NMOCD,
CHART ATTACHE	D.	
Spud Date:	Rig Release Date:	
I hereby certify that the information :	above is true and complete to the best of my know	wledge and belief
Thereby certify that the information of	above is true and complete to the best of my know	wledge and belief.
131 1 1201 Provide 1 19 1		and handlers Eucoron Action in Charlen
SIGNATURE AUNO me	TITLE COMPLIANCE CO	ORDINATOR DATE 05/04/2016
Type or print nameLAURA P	INA E-mail address: lpina@leg	period PHONE: 432-689-5200
For State Use Only		
		and the second
APPROVED BY: Jul Son	nancha TITLE Staff W	DATE 5.25-16
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·

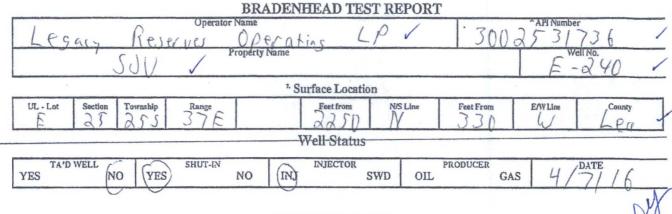


HOBBS COD

District I 1625 N. French Dr., Hobbs, Mi 88240 Phone: (575) 393-6[61 Fax: (575) 393-0720

RECEIVE

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



OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	X			A	Ó
Flow Characteristics					
Puff	(Ŷ)/ N	YIN	Y/N	(Y)/ N	_ CO2
Steady Flow	YIN	YIN	Y/N	YIN	GAS
Surges	Y/N	YIN	Y/N	Y/N	Type of Fluid
Down to nothing	(B/N	YIN	Y/N	(B/N	Injected for WaterBood if
Gas or Oil	(Y/N	Y/N	Y/N	(N/N	spplies.
Water	Y/N	Y/N	Y/N	Y/N	-

_	the state of the second st	and an	Carry and a second s		Carlo Constantino Carlos Carlo		the second second second			
	Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.									
	A.D	.9a5	Post	Workover	and	MIT				

B& 5.25-14 Signature: OIL CONSERVATION DIVISION Entered into RBDMS CF Printed name: P Title: Re-test E-mail Address: 4 Date: Phone: Witness: