

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  
August 1, 2011

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

WELL API NO. <b>30-025-04242</b>
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 <b>Alaska Cooper</b>
8. Well Number <b>4</b>
9. OGRID Number <b>240974</b>
10. Pool name or Wildcat <b>Eumont; Yates-7 Rivers-Queen</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3565 GL</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	<b>HOBBS OCD</b>
2. Name of Operator <b>Legacy Reserves Operating LP</b>	<b>JUN 21 2013</b>
3. Address of Operator <b>PO Box 10848, Midland, TX 79702</b>	<b>RECEIVED</b>
4. Well Location Unit Letter <b>H</b> : <b>1980</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>East</b> line Section <b>12</b> Township <b>20-S</b> Range <b>36-E</b> NMPM County <b>Lea</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3565 GL</b>	

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of  
C-103 (Specifically for Subsequent Report of Well  
Plugging) which may be found at OCD web page  
[www.emnrd.state.nm.us/ocd](http://www.emnrd.state.nm.us/ocd)  
PER: ☐ TEMPORARY ☐  
PULL OR ALTER CASING ☐  
DOWNHOLE COMMINGLE ☐

OTHER:

State Box to Indicate Nature of Notice, Report or Other Data

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐

OTHER: ☐

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.

06/11/13 MIRU plugging equipment. NU BOP. POH w/ 96 jts tbg.

06/12/13 RIH w/ 116 jts tbg open ended. Tagged CIBP @ 3659'. Circulated hole with mud laden fluid. Spotted 25 sx cement on top of CIBP @ 3659-3406. POH. RIH w/ 5 1/2 CIBP to 30'. Tagged solid. Mark w/ OCD ok'd to spot 25 sx @ 2900'. RIH w/ tbg open ended and spotted 25 sx cement @ 2900 W/ LCM. WOC.

06/13/13 Tagged plug @ 2641'. Spotted 40 sx cement @ 2641'. Pulled out of cement. WOC. Tagged plug @ 2259'. Tested casing to 500 psi and held. Circulated well w/ mud laden fluid. Pulled tbg to 1340'. Spotted 25 sx cement @ 1340-1100.

06/14/13 Perf'd csg @ 326'. Sqz'd 40 sx cement @ 900 psi. Circulated to surface. WOC. Verified cement to surface. Rigged down moved off.

06/17/13 Moved in welder and helper. Cut off well head. Welded on Above Ground Dry Hole Marker. Backfilled cellar. Cut off dead men. cleaned location and moved off.

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 Kevin Bracey TITLE OPERATIONS SUPERINTENDENT DATE 06/19/2013

Type or print name KEVIN BRACEY E-mail address:  PHONE: 432-689-5200

For State Use Only

APPROVED BY: [Signature] TITLE DIST. MGR DATE 6-26-2013

Conditions of Approval (if any):

JUN 27 2013