

HOBBS OCD

MAY 07 2014

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-33285
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 J M DENTON
8. Well Number 14
9. OGRID Number 240974
10. Pool name or Wildcat DENTON (DEVONIAN)

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

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter J : 1650 feet from the SOUTH line and 2275 feet from the EAST lineSection 11 Township 15S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3792' GL

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: ACIDIZE DEVONIAN ☒

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.

ESTIMATED START DATE: 01/27/14

1. STIMULATE DEVONIAN INTERVAL FROM 11,062'-11,250' W/4,000 GAL 20% HCl NEAT ACID & 20,000 GAL 20% HCl GELLED ACID

2. RWTP

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 Craig Sparkman TITLE OPERATIONS ENGINEER DATE 05/05/2014Type or print name CRAIG SPARKMAN E-mail address: _____ PHONE: 432-689-5200

For State Use Only

APPROVED BY: Malcolm Brown TITLE Dist. Supervisor DATE 5/7/2014

Conditions of Approval (if any):

MAY 08 2014