Submit 1 Copy To Appropriate District State of New Mexico			Form C-103 Revised July 18, 2013			
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		ources	WELL API NO.			
District II – (575) 748-1283 OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.		20	-025-00298	-		
		5. I	ndicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410			STATE STATE			
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			State Oil & Gas Lease No.			
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 SUSSION			Lease Name or Unit Agree	ment Name		
rkorosals.)			ROCK QUEEN UNIT			
1. Type of Well: Oil Well Gas Well Other				/		
2. Name of Operator LEGACY RESERVES OPERATING LP - DEC 1 2 2014			OGRID Number 240974			
3. Address of Operator		10.	Pool name or Wildcat			
PO BOX 10848, MIDLANE	D, TX 79702	NED c	APROCK; QUEEN			
4. Well Location		<u> </u>				
Unit Letter <u>K</u> : <u>1980</u> f	eet from the <u>SOUTH</u> I	ine and <u>1980</u>	feet from theWE	<u>ST</u> line		
		ge 32E	NMPM Count	ty LEA		
turner 11. Elevatio	n (Show whether DR, RKB, R	T. GR, etc.)	Sant Connection	Contraction of the		
	4377' KB					
	\ 		0.			
12. Check free only	tot	f Notice, Repo	ort or Other Data			
12. Check Approved for Plugging of well bore only. Approved for Plugging of well bore only. Iicate Nature of Notice, Report or Other Data Liability under bond is retained pending receipt of Liability under bond is retained pending receipt of Well SUBSEQUENT REPORT OF: C-103 (Specifically for Subsequent Report of CD web page REMEDIAL WORK ALTERING CASING Commence Drilling which may be found at OCD web page Commence Drilling OPNS. P AND A						
Approved for Liability under bond is retained to C-103 (Specifically for Subsequent Report of Plugging) which may be found at OCD web to dor forms	Ider bond is return the page REMEDIAL WOR					
C-103 (Specifically to be found at OCD thick may be found at OCD thick	Б Сомм	ENCE DRILLING				
	CASIN 🗋 🖌	G/CEMENT JOB				
under formsl under formsl c www.emnrd.state.nm.us/ocd						
		· .		_		
0	OTHER OCLEARLY state all pertinent		nertinent dates including	estimated date		
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.						
11/14/14 MIRU plugging equipment. 11/17/14 Dug out cellar. ND wellhead. NU BOP. POH w/ tbg. RIH w/ tbg and tagged plug @ 2709'. Washed down to 3054'. Spotted 25 sx cement w/ 2% CACL @ 3054-2692'. Pulled out of cement.						
11/18/14 Tagged plug @ 2615'. POH. RIH and set packer @ 1985'. Pressured up on csg to 500 psi. Perf'd csg @ 2290'.						
Pressured up on perfs and held 500 psi. POH w	/ packer. RIH open ended at	nd spotted 25 sx	cement 2/ 2% CACL @	2340-1978		
POH w/ tbg. RiH and set packer @ 670'. Pressured up on csg to 500 psi. 11/19/14 Tagged plug @ 1955'. RIH w/ packer and set						
@ 1251'. Pressured up on csg to 500 psi. Perf'd csg @ 1551'. Pressured up on perf's to 500 psi. Layed down packer. Spotted 25 sx						
cement w/ 2 % CACL @ 1601-1239'. POH. RIH and set packer @ 670'. Pressured up to 500 psi. WOC. Tagged plug @ 1245'. POH w/ tbg and packer. Set packer @ 34'. Established injection rate of 1 bbl/min @ 200 psi. Sqz'd 40 sx cement w/ 2 % CACL						
and displaced to 400'. WOC. 11/20/14 Tagged plug @ 375' POH. ND BOP. Perf'd csg @ 320'. Sqz'd 130 sx cement ŵ/ 2 %						
CACL and circulated to surface. 12/2/14 MIRU						
Marker". Removed deadmen. Cleaned location			nks. Hauled contents fro	om Closed-		
Loop System to approved NMOCD disposal location according to Rule 19.15.17.						
		i	E-PERMITTING			
Spud Date:	Rig Release Date:	l	P&ANR PM. P8	&A R		
opue Date.	Rig Release Date.	1	INT to P&A			
		(CSNG CF	IG Loc		
I hereby certify that the information above is true a	and complete to the best of my					
Thereby certify that the morning of bove is true t	ind complete to the best of my	Kilowiedge une				
SIGNATURE NUMB NG		LATORY TECH		014		
Type or print name <u>LAURA PINA</u> For State Use Only	E-mail address:lpir	a@legacylp.con	<u>1</u> PHONE: <u>_432-</u>	689-5200		
APPROVED BY: MalurABrown TITLE Dist Supervisor DATE 12/15/2014 Conditions of Approval (if any):						
		-	DEC 1	7 2014' M		