

Office

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

## 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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line  
Section 25 Township 13S Range 31E NMPM County CHAVES

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

WELL API NO.

30-005-00865

5. Indicate Type of Lease

STATE ☐ FEE ☐ FED ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

ROCK QUEEN UNIT

8. Well Number 52

9. OGRID Number

240974

10. Pool name or Wildcat

CAPROCK; QUEEN

## 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: 5 YEAR MIT TEST-UIC PURPOSES ☒

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.

05/16/16 - 5 YEAR MIT. PRESSURE CASING TO 560#. WITNESSED BY GEORGE BOWER-NMOCD, CHART ATTACHED.

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

Laura Pina

TITLE COMPLIANCE COORDINATOR

DATE 06/09/2016

Type or print name

LAURA PINA

E-mail address: lpina@legacylp.com

PHONE: 432-689-5200

For State Use Only

APPROVED BY:

Markus Brown

TITLE

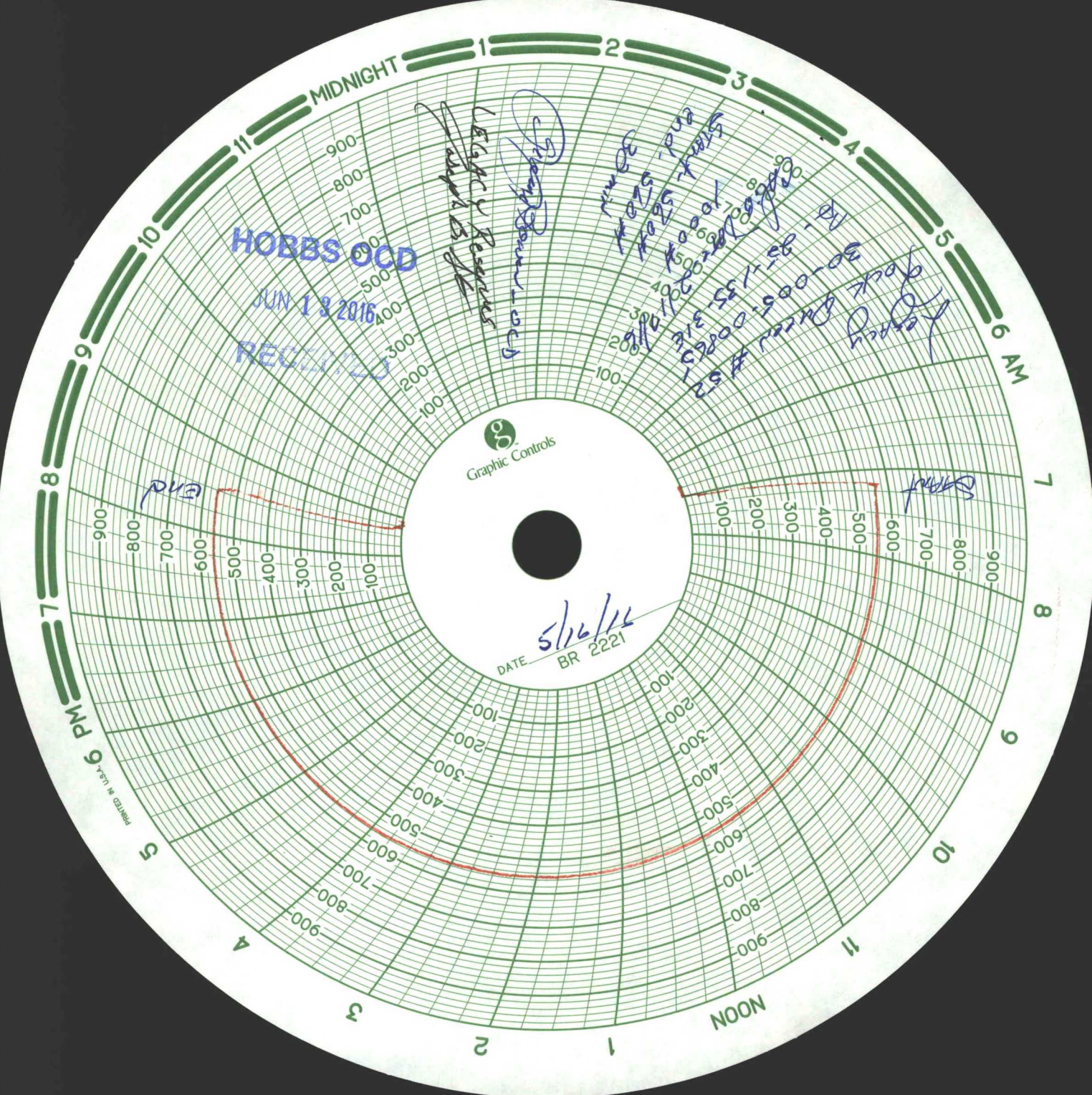
Dist. Supervisor

DATE

6/14/2016

Conditions of Approval (if any):







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

**BRADENHEAD TEST REPORT**

Operator Name <i>Legacy</i>	API Number <i>30-005-00865</i>
Property Name <i>Rock Quarry</i>	Well No. <i>52</i>

7. Surface Location

UL - Lot <i>B</i>	Section <i>25</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	--	-------------------------	----------------------	--------------------------	----------------------	-------------------------

Well Status

TA'D WELL YES	NO <input checked="" type="radio"/>	SHUT-IN YES	NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/>	SWD	OIL	PRODUCER GAS	DATE <i>5/16/16</i>
------------------	-------------------------------------	----------------	-------------------------------------	--	-----	-----	-----------------	------------------------

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>NA</i>	<i>NA</i>	<i>φ</i>	<i>950</i>
<u>Flow Characteristics</u>					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if applies.

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**HOBBS OCD**

JUN 13 2016

Signature: <i>Joseph B. Soto</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph B. Soto</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/16/16</i>	
Phone:	
Witness: <i>Joseph B. Soto</i>	