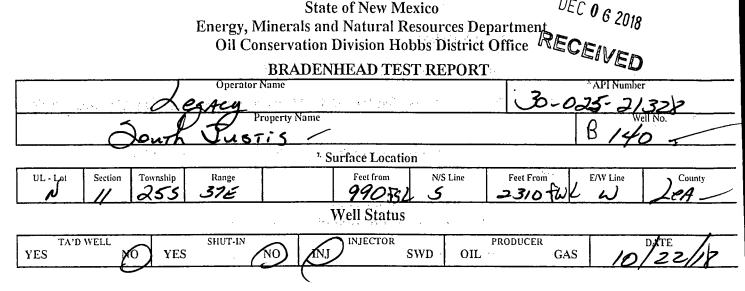
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103			
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.			
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-21328 5. Indicate Type of Lease			
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE 🗌 FEE 🛛			
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8759518	6. State Oil & Gas Lease No.			
87505	ICES AND REPORTS ON WELLS ENER	7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR UD BACK TO A CATION FOR PERMIT" (FORM C- CATOR SUCH				
PROPOSALS.) 1. Type of Well: Oil Well	SOUTH JUSTIS UNIT B 8. Well Number 140				
2. Name of Operator	9. OGRID Number				
LEGACY RI 3. Address of Operator	240974 10. Pool name or Wildcat				
PO BOX 108	JUSTIS; BLINEBRY-TUBB-DRINKARD				
4. Well Location Unit Letter N	: 990 feet from the SOUTH line and	2310 feet from the WEST line			
Unit Letter <u>N</u> Section <u>11</u>	: <u>990</u> feet from the <u>SOUTH</u> line and Township 25S Range 371				
	11. Elevation (Show whether DR, RKB, RT, GR,				
	3121' GL				
12. Check	Appropriate Box to Indicate Nature of Noti	ce, Report or Other Data			
		UBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON C REMEDIAL W CHANGE PLANS COMMENCE	VORK  ALTERING CASING  DRILLING OPNS. P AND A			
PULL OR ALTER CASING					
DOWNHOLE COMMINGLE					
OTHER:		ESSURE TEST-UIC PURPOSES			
	pleted operations. (Clearly state all pertinent details ork). SEE RULE 19.15.7.14 NMAC. For Multiple				
proposed completion or re-		completions. Attach wendore diagram of			
10/22/18 – RAN MIT, PRESSI ATTACHED.	JRE CASING TO 560#. WITNESSED BY GEORG	GE 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 know	ledge and belief.			
()					
SIGNATURE KUNAT W	TITLE COMPLIANCE COC	DRDINATOR DATE <u>11/27/2018</u>			
Type or print name <u>LAURA PINA</u> E-mail address: <u>lpina@legacylp.com</u> PHONE: <u>432-689-5200</u>					
For State Use Only 7 7 1 18					
APPROVED BY: Kick Mick MAN TITLE Camplinuce of fices DATE 12-6-18 Conditions of Approval (if any):					
conditions of Approval (II any).					

State of New Mexico

HOBBS OCD DEC 0 6 2018



## **OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	6			6	190
Flow Characteristics					
Puff	Y/D	Y / N	Y/N	YVN	CO2
Steady Flow	Y / Ø	The State of	Y/N	Y ITS	WTR GAS
Surges	YVN	Y/N	Y/N	Y1 N	Type of Fluid
Down to nothing	Y N	Y / N	Y/N	<u> </u>	Injected for Waterflood if
Gas or Oil	Y //N	Y / N	Y/N	YN	applies.
Water	1 3	Y/N	Y/N	Y/S	

Describe Discourse for each string (A.D.C.) nontingent information recording black down as continuous build on if any list					
Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.					
	· · · · · · · · · · · · · · · · · · ·				

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: /D/22/11 Phone: Winess: porce Dare	
- All	

INSTRUCTIONS ON BACK OF THIS FORM

