

HOBBS OCD

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

JUN 28 2013

State of New Mexico

Energy, Minerals and Natural Resources

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

Form C-103

Revised August 1, 2011

|  |  |  |
|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)               |  | WELL API NO.<br>30-025-32077   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION   |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP  |  | 6. State Oil & Gas Lease No.   |
| 3. Address of Operator<br>P.O. BOX 10848 MIDLAND, TX 79702   |  | 7. Lease Name or Unit Agreement Name<br>SOUTH JUSTIS UNIT  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>250</u> feet from the <u>SOUTH</u> line and <u>230</u> feet from the <u>WEST</u> line<br>Section <u>25</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>E-260</u>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3037' GR   |  | 9. OGRID Number<br>240974  |
|  |  | 10. Pool name or Wildcat<br>JUSTIS; BLINEBRY-TUBB-DRINKARD   |

## 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 ☐

## SUBSEQUENT REPORT OF:

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

OTHER:

☐

OTHER: 5 YEAR MIT TEST

☒

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.

05/28/13 - 5 YEAR MIT. PRESSURE CASING TO 503#, HELD FOR 30 MINS. 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.

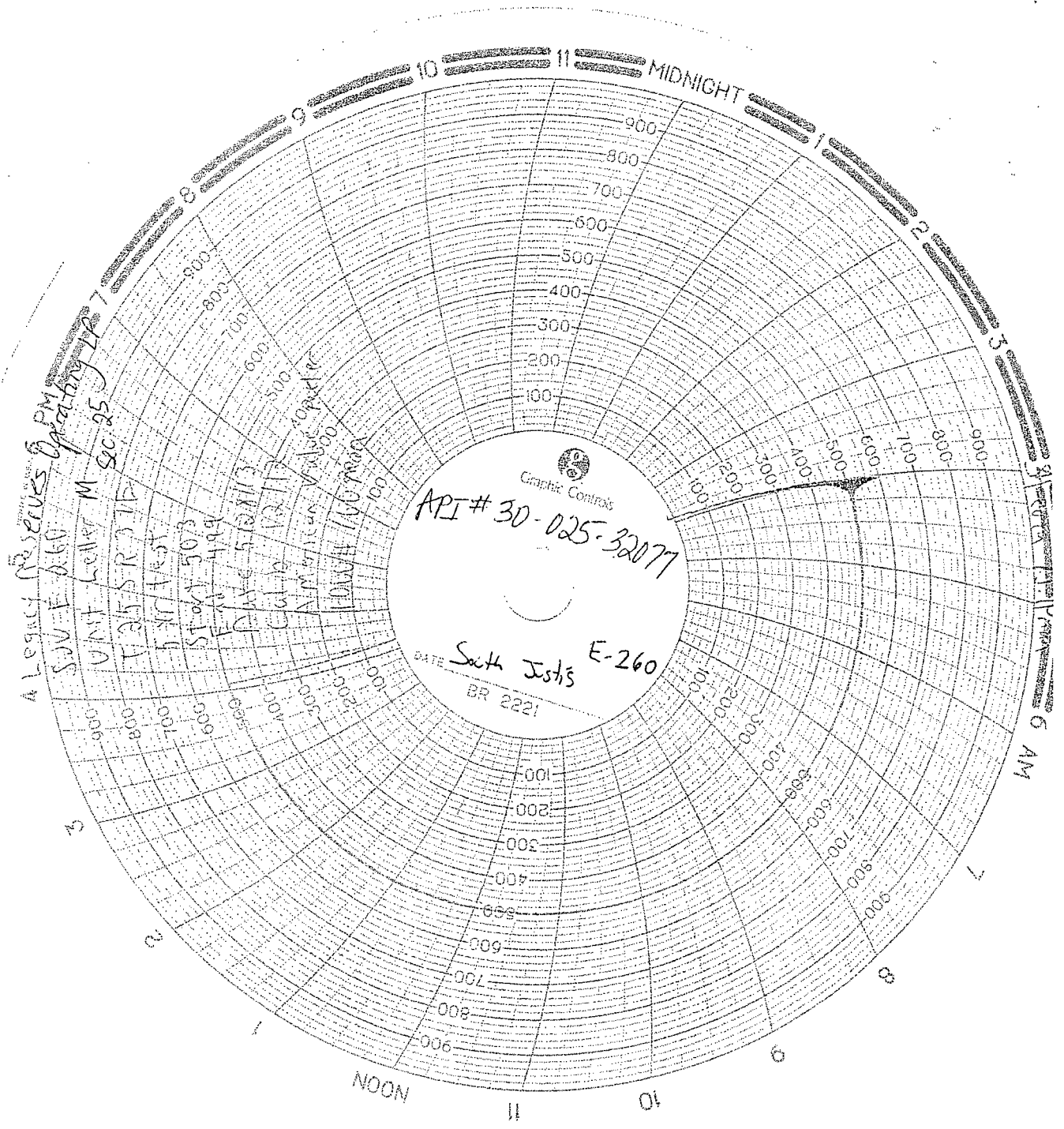
SIGNATURE Laura Pina TITLE REGULATORY TECH DATE 06/25/2013

Type or print name LAURA PINA 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



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District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

JUN 25 2013

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

RECEIVED

BRADENHEAD TEST REPORT

|  |                                   |
|--|-----------------------------------|
| Operator Name<br><i>Legacy Reserves Operating LP</i> | API Number<br><i>300 25 32077</i> |
| Property Name<br><i>SJU</i>                          | Well No.<br><i>E-260m</i>         |

1. Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>M</i> | Section<br><i>25</i> | Township<br><i>25S</i> | Range<br><i>37E</i> | Feet from<br><i>250</i> | N/S Line<br><i>S</i> | Feet From<br><i>230</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                         |         |                             |                        |
|-------------------------|---------|-----------------------------|------------------------|
| Well Status<br><i>A</i> | SHUT-IN | PRODUCING<br><i>SW FLOW</i> | DATE<br><i>5/28/13</i> |
|-------------------------|---------|-----------------------------|------------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

|                      | (A) Surf-Interm | (B) Interm(1)-Interm(2) | (C) Interm-Prod | (D) Prod Casing | (E) Tubing |
|----------------------|-----------------|-------------------------|-----------------|-----------------|------------|
| Pressure             | <i>Q</i>        |                         |                 | <i>Q</i>        | <i>600</i> |
| Flow Characteristics |                 |                         |                 |                 |            |
| Puff                 | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |
| Steady Flow          | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |
| Surges               | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |
| Down to nothing      | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |
| Gas or Oil           | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |
| Water                | <i>Y/N</i>      | <i>Y/N</i>              | <i>Y/N</i>      | <i>Y/N</i>      |            |

If bradenhead flowed water, check all of the descriptions that apply:

|       |       |       |        |       |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

Remarks:

*A, D Gas*

|  |                           |
|--|---------------------------|
| Signature: <i>Steven D. Dethman</i>    | OIL CONSERVATION DIVISION |
| Printed name: <i>Steven D. Dethman</i> | Entered into RBDMS        |
| Title:                                 | Re-test                   |
| E-mail Address:                        |                           |
| Date: <i>5/28/13</i>                   | Phone:                    |
| Witness:                               |                           |

*ELG/OCN 6-26-2013*