Submit 1 Copy To Appropriate District Office	State of New Me Energy, Minerals and Natu		Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30-025-31828
District III - (505) 334-6178	1220 South St. Fran	ncis Dr. oco	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		1 7 201ª	
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA		UG BACK TO A	7. Lease Name or Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTOR		8. Well Number 210	
2. Name of Operator			9. OGRID Number
LEGACY RESERVES OPERATING LP			240974 10. Pool name or Wildcat
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702			JUSTIS-BLINEBRY-TUBB-DRINKARD
4. Well Location			
Unit Letter <u>L</u> :	<u>2500</u> feet from the <u>SOUT</u>	<u><u><u>`H</u> line and <u>1</u>:</u></u>	50 feet from the <u>WEST</u> line
Section <u>24</u>	Township 25S	Range 37E	NMPM County LEA
	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)	State of the second
	3083' GR		and the second sec
12. Check Ap	ppropriate Box to Indicate N	ature of Notice, I	Report or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	— — —
	CHANGE PLANS	COMMENCE DRIL	— — —
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB L
CLOSED-LOOP SYSTEM			
OTHER: Cleanout Fill and Acidize,		OTHER:	
	(). SEE RULE 19.15.7.14 NMAG		give pertinent dates, including estimated date apletions: Attach wellbore diagram of
Estimated Start Date: 10/27/1	4		
csg leak if found. Cleanout f perfs. Acidize perfs with 750	ill to 5460' with bit using reverse	unit. RIH tbg and pl gal gelled brine and	kr and RBP if confirmed. Cement squeeze kr. Spot 350 gal 15% NEFE HCL acid across 3000 # rock salt. RIH new injection pkr,
PERFS: 5021-5450'. PBTD:	5460' TD: 5050'		
· ERIO. 3021 3430. 1819.			
]		
Spud Date:	Rig Release Da	ate:	
L		L	
I hereby certify that the information ab	ove is true and complete to the h	est of my knowledge	and helief
Thereby centry that the mormation at		est of my knowledge	
signature Kent in	/mian	SENIOR ENGINEE	<u>R</u> DATE_ <u>11/13/2014</u>
Type or print name KENT WILLI		kwilliams@legacyl	p.com PHONE: <u>432-689-5200</u>
Type or print name <u>KENT WILLI</u> For State Use Only	AINS E-mail address:	kwimams(@legacy1	p.com PHONE: <u>432-689-5200</u>
APPROVED BY: Silf Son	namah_TITLE_S	full Manage	DATE /// 18/ 2014
CONDITION OF APPROVAL: Notify OCD DIST prior to STARTING THE WORKOVER	RICT OFFICE 24 HOURS	CONDITION OF APPRO District Office 24 hour n	DVAL: Operator shall give the OCD voltece before running the MIT test and chart.
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APPROVED BY:	Bill Somanch	

Spuff Masager	_DA
CONDITION OF APPROVAL: Operato	