

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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.)		WELL API NO. 30-025-36098
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name SAPPHIRE STATE
4. Well Location Unit Letter <u>E</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>11</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3456' GR		9. OGRID Number 240974
		10. Pool name or Wildcat SAN ANDRES-GLORIETA-PADDOCK

12. Check Appropriate Box(es) to Indicate Nature of Notice, Report or Other Data	
<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

03/06/15 MIRU plugging equipment. Dug out cellar. ND wellhead. NU BOP. RIH w/ workstring to 3150'.  
03/09/15 Finish RIH w/ tbg and tag plug @ 4630'. Circulated hole w/ 108 bbls of mud laden fluid. Spotted 25 sx cement @ 4630-4377. POH to 3518'. Spotted 25 sx cement @ 3518-3265.. POH w/ tbg. WOC. Tagged plug @ 3260'. POH to 1350.  
03/10/15 Repair cementer.  
03/11/15 Spotted 25 sx cement @ 1350-1097. POH to 360'. ND BOP. Spotted 40 sx cement @ 360-surface. Rigged down and moved off.  
03/16/15 MI welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location and moved off.  
Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

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 03/18/2015

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Mapy Brown TITLE Dist. Supervisor DATE 3/23/2015

Conditions of Approval (if any):

MAP 26 2015