

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

WELL API NO. 30-005-29211
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
8. Well Number 321
9. OGRID Number 240974
10. Pool name or Wildcat CAPROCK; QUEEN

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL 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 : 960 feet from the NORTH line and 1880 feet from the EAST line  
Section 36 Township 13S Range 31E NMPM County CHAVES

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4391.6' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT & FIRST INJECTION <input checked="" 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.

*P Per LP*  
08/28/14 Ran MIT, pressure casing to 540#, held for 30 min. Well is now injecting under Administrative Order# WFX-919.  
Chart attached.

FIRST INJECTION: 09/04/14

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 10/08/2014

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

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 02/20/15  
Conditions of Approval (if any):

WFX-919

MAR 31 2015

*h-jm*

## Mull, Donna, EMNRD

---

**From:** Laura Pina <lpina@legacylp.com>  
**Sent:** Thursday, February 26, 2015 1:56 PM  
**To:** Mull, Donna, EMNRD  
**Subject:** RE: Rock Queen Unit #321, API # 30-005-29211

Hi Donna,

The spud date is correct.

The MIT test date should be 08/28/14. It looks to be that it was incorrectly written on the chart and I didn't pick up on it.

Do I need to do something on my end to correct that?

Thanks,  
Laura Pina  
Regulatory Tech  
Legacy Reserves Operating LP  
432.689.5273

---

**From:** Mull, Donna, EMNRD [<mailto:donna.mull@state.nm.us>]  
**Sent:** Thursday, February 26, 2015 9:46 AM  
**To:** Laura Pina  
**Subject:** Rock Queen Unit #321, API # 30-005-29211

Hi Laura,  
A question on this well.  
Spud date 07/15/2014  
MIT Test date 06/28/2014

Please let me know what you find out>

Thanks Donna

*Donna Mull*  
*Line Manager – EMNRD OCD*  
*1625 N. French Dr.*  
*Hobbs, NM 88240*  
*(575)393-6161 xtn. 115*  
*[donna.mull@state.nm.us](mailto:donna.mull@state.nm.us)*

