

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. 30-005-00831
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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. 303735
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u>		8. Well Number <u>17</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 240974
		10. Pool name or Wildcat CAPROCK; QUEEN

E-PERMITTING <SWD INJECTION> CONVERSION _____ RBDMS _____ RETURN TO _____ TA _____ CSNG _____ ENVIRO _____ CHG LOC _____ INT TO PA _____ P&A NR _____ P&A R _____		SUBSEQUENT REPORT OF: 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"/>	
CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <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.

09/28/15 MIRU plugging equipment. Dug out cellar. NU BOP. RIH w/ tbg and tagged BP @ 3021'. Circulated hole w/ mud laden fluid. Pressure tested casing to 600 psi. Spotted 25 sx cement @ 3021-2651. Perf'd csg @ 2340'. Pressured up on perfs to 800 psi. Spotted 25 sx cement @ 2396-2002. WOC.

09/30/15 Tagged plug @ 1997'. Perf'd csg @ 1500'. Sqz'd 40 sx cement @ 1500-1390'. WOC.. Tagged plug @ 1373'. Perf'd csg @ 350'. Sqz'd 80 sx cement and circulated to surface. Rigged down and moved off.

10/05/15 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfill cellar. Removed 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 COMPLIANCE COORDINATOR

DATE 10/06/2015

Type or print name

LAURA PINA

E-mail address:

lpina@legacyp.com

PHONE: 432-689-5200

For State Use Only

APPROVED BY:

Malay Brown

TITLE

Dist. Supervisor

DATE

10/13/2015

Conditions of Approval (if any):

OCT 15 2015

pm