

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. 30-025-00209
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 NORTH CAPROCK CELERO QUEEN UNIT
8. Well Number 27
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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐ INJECTOR ☒ **HOBBS OCD**

2. Name of Operator  
LEGACY RESERVES OPERATING LP

3. Address of Operator  
PO BOX 10848, MIDLAND, TX 79702

**OCT 26 2015**

4. Well Location

Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line

Section 32 Township 12S Range 32E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4372' GL

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

<b>E-PERMITTING</b> <SWD <u>INJECTION</u> > <b>CONVERSION</b> <u>RBDMS MB</u> <b>RETURN TO</b> <u>TA PM</u> <b>CSNG</b> <u>ENVIRO</u> <u>CHG LOC</u> <b>INT TO PA</b> <u>P&amp;A NR</u> <u>P&amp;A R</u> 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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT for TA <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.

10/13/15 Ran MIT, pressure casing to 610#, held for 30 minutes. Witnessed by George Bower-OCD. Chart attached. Well is now TA'd.

This Approval of Temporary  
Abandonment Expires 10/13/2019

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 10/23/2015

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

APPROVED BY: Maureen Brown TITLE Dist Supervisor DATE 10/27/2015

Conditions of Approval (if any):

OCT 27 2015



