

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. 30-025-32239	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT "G"	✓
8. Well Number 170	✓
9. OGRID Number 240974	
10. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>J</u> : <u>2250</u> feet from the <u>SOUTH</u> line and <u>2550</u> feet from the <u>EAST</u> line Section <u>13</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>

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 type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 YEAR MIT TEST-UIC PURPOSES <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.

08/12/15 - 5 YEAR MIT. PRESSURE CASING TO 664#, HELD FOR 30 MINS. CHART ATTACHED.

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 12/21/2015

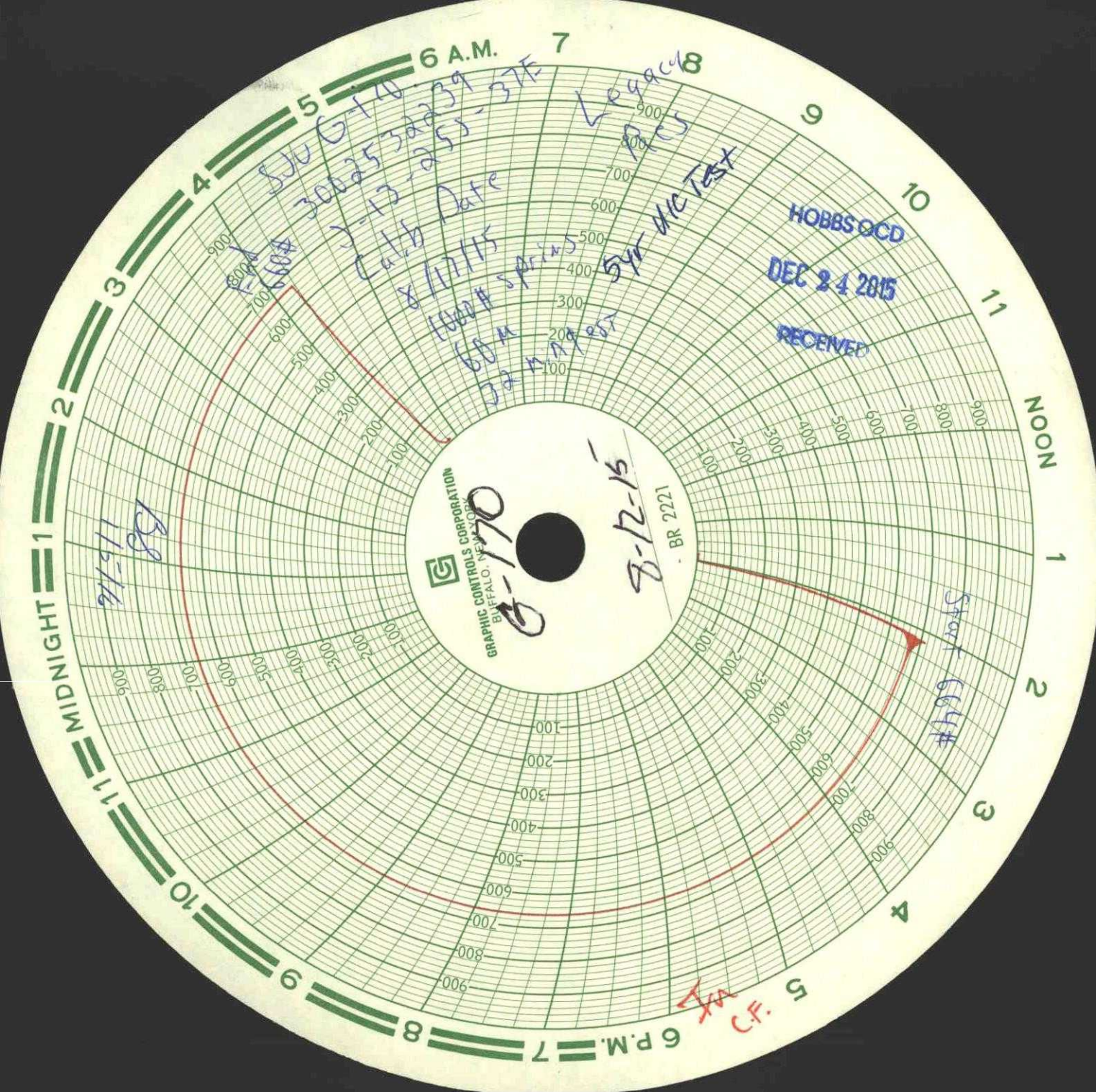
Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bip Samanah TITLE Staff Manager DATE 11/5/16

Conditions of Approval (if any):

JAN 05 2016



SJU G-10
3002530239
13-255-37E
Calc Date
8/17/15
100# Springs
60 m
22 MAY 857

Legacy
5yr d/c Test

HOBBSOCD
DEC 24 2015
RECEIVED

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8-170

8-12-15

BR 2221

138
11/5/16

Start
#664#

Tr
C.F.