Office Office	State of New Mexic			Form C-103
District I – (575) 393-6161			Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	25 N. French Dr., Hobbs, NM 88240 strict II – (575) 748-1283		30-005-00878	
811 S. First St., Artesia, NM 88210	S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE STATE FEE	
District IV – (505) 476-3460 Santa Fe, NM 8/505 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. 303735		
	CES AND REPORTS ON WELLS BALS TO DRILL OR TO DEEPEN OR PLUG E		7. Lease Name or Unit Ag	greement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) # QR \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ROCK QUEEN UNIT	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTIONECEIVED			8. Well Number 46	
2. Name of Operator			9. OGRID Number	074
LEGACY RESERVES OPERATING LP 3. Address of Operator			240974 10. Pool name or Wildcat	
PO BOX 10848, MIDLAND, TX 79702			CAPROCK; QUEEN	
4. Well Location		4		
Unit Letter <u>L</u> :	1980 feet from the SOUTH			WEST line
Section 26	Township 13S Ra 11. Elevation (Show whether DR, RK	nge 31E	NMPM Cou	unty CHAVES
	4413' KB	D, K1, GK, etc.)		
12. Check A	appropriate Box to Indicate Natu	re of Notice,	Report or Other Data	
		SUB	SEQUENT REPORT	OF.
PER INT TO PA	RI	EMEDIAL WORK		ING CASING
	P&A R	OMMENCE DRI	LLING OPNS. P AND	A 🖂
DIII	TA C	ASING/CEMENT	T JOB	
DOV				
CLC		TUED.		
OTHER: 13. Describe proposed or comp	leted operations. (Clearly state all perti	THER: nent details, and	give pertinent dates, include	ling estimated date
	rk). SEE RULE 19.15.7.14 NMAC. F			
proposed completion or reco	ompletion.			
12/21/15 MIRU plugging equipment	. Circulated hole with 34 bbls of mud la	aden fluid . Spot	d'd 20 sxs class C cmt @ 281	18-2438'.
	g @ 2335'. Sqz'd 40 sx class C cmt w/ 3			
	500'. Pressured up on csg to 800 psi. S			
	d csg @ 255'. Sqz'd 60 sxs class C cmt			
	der, dug out cellar, and cut off wellhead			
	Cleaned location and moved off. Instato approved NMOCD disposal location			laul contents
nom closed Book System	to approve that the est alope and recurrent	a move and great		
Spud Date:	Rig Release Date:			
I hereby certify that the information	above is true and complete to the best of	of my knowledge	and belief	
	to the data and complete to the sest of	inj movieuge	and control	
NOUM			D. T.	
SIGNATURE MUMA M	TITLE COMPL	IANCE COORL	DINATOR DATE 01/	14/2016
Type or print name <u>LAURA PINA</u>	E-mail address:	lpina@legacylp.	.com PHONE: _4	32-689-5200
For State Use Only				,
APPROVED BY: Wall	Kitaku TITLE Petroler	m Engr.	SpecialitoATE 01	/19/2016
Conditions of Approval (if any):		J	2016	Λ.
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