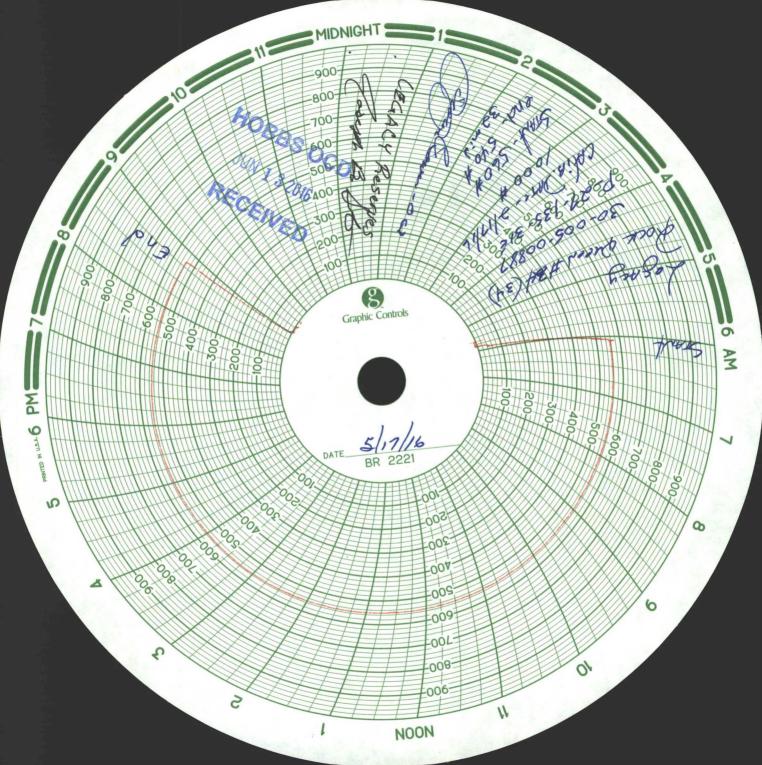
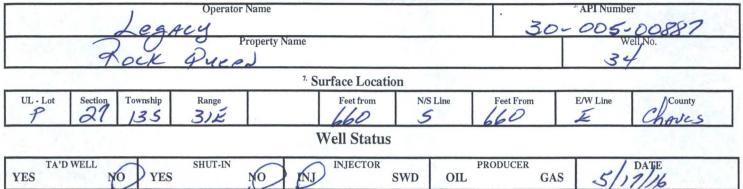
Submit 1 Copy To Appropriate District	State of New Mexic	20	F	Form C-103
1625 N. French Dr., Hobbs, MM 88240 C	ergy, Minerals and Natural	Resources	WELL API NO.	d July 18, 2013
District II – (575) 748-1283	L CONSERVATION D	IVISION	30-005-00887	
District III – (505) 334-6178 110 4 2016 1000 Rio Brazos Rd., Aztec, NM 874103 2016	1220 South St. Francis	s Dr.	5. Indicate Type of Lease STATE FEE	FED
	Santa Fe, NM 8750)5	6. State Oil & Gas Lease No.	C
1220 S. St. Francis Dr., Santa FEICEIVED				
SUNDRY NOTICES ANI			7. Lease Name or Unit Agree	ment Name
(DO NOT USE THIS FORM FOR PROPOSALS TO D DIFFERENT RESERVOIR. USE "APPLICATION FO		DOCK OUT DUT	/	
PROPOSALS.)	ROCK QUEEN UNIT 8. Well Number 34			
1. Type of Well: Oil Well Gas Well		1		
2. Name of Operator LEGACY RESERVES	9. OGRID Number 240974	/		
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 10848, MIDL		CAPROCK; QUEEN		
4. Well Location				
Unit Letter <u>P</u> : <u>660</u>	feet from the <u>SOUTH</u>	line and 66	0 feet from the <u>EAST</u>	line
Section <u>27</u>	Township 13S	Range 31E	Provide the second s	ty CHAVES
11. Elev	vation (Show whether DR, RI	KB, RT, GR, etc.)		
12. Check Appropri	ate Box to Indicate Natu	re of Notice, I	Report or Other Data	
	and a second data and the second			Print of providen
	SEQUENT REPORT OF			
		EMEDIAL WORK		
		ASING/CEMENT		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:			MIT TEST-UIC PURPOSES	actimated data
 Describe proposed or completed oper of starting any proposed work). SEE 				
proposed completion or recompletion		of Multiple Coll	inpletions. Attach wendore diag	,rain or
h				
05/17/16 – 5 YEAR MIT. PRESSUR ATTACHED.	E CASING TO 560#. WITN	NESSED BY GE	ORGE BOWER-NMOCD, CH.	ART
	Die Delesse Deter			
Spud Date:	Rig Release Date:			
			11 A	
I hereby certify that the information above is t	rue and complete to the best	of my knowledge	e and belief	
Thereby certify that the information above is t	fue and complete to the best	or my knowledge	e und bener.	
P				
SIGNATURE NAME MA	TITLE COMPI	LIANCE COORI	DINATOR DATE 06/09/2	016
	E meil address	Ining	DUONE: 422	680 5200
Type or print name LAURAPINA For State Use Only	E-mail address:	_lpina@legacyl	p.com PHONE: <u>432</u> .	1
Makey Dina	with the	+ 5 -		Ilminu
APPROVED BY:	TITLE NG	L Super	USOL DATE 6/1	4/2016
Conditions of Approval (if any):			1	6
			(



Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT



OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	6	NA	NA	Ø	100
Flow Characteristics	/				×
Puff	Ø/ N	Y/N	Y / N	Ø N	CO2
Steady Flow	Y/NO	Y / N	Y / N	Y/ X	GAS
Surges	Y/N)	Y / N	Y / N	Y/ N	Type of Fluid
Down to nothing	(Y) N	Y / N	Y / N	Y N	Injected for
Gas or Oil	Y/N	Y / N	Y / N	Y/W	Waterflood if applies.
Water	YIN	Y / N	Y/N	YIN	-

	HOBBS OCD
	JUN 1 3 2016
	RECEIVED
nature: Joseph B, Job	OIL CONSERVATION DIVISION