

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. 30-005-29182
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
8. Well Number 313
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION	7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
2. Name of Operator LEGACY RESERVES OPERATING LP	8. Well Number 313
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	9. OGRID Number 240974
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>500</u> feet from the <u>EAST</u> line Section <u>34</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u>	10. Pool name or Wildcat CAPROCK; QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: PRESSURE 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.

04/10/17 – RAN MIT, PRESSURE CASING TO 560#. WITNESSED BY GEORGE BOWER-NMOCD, 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 04/25/2017

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

For State Use Only

APPROVED BY: George Bower TITLE Compliance Officer DATE 5/4/17
Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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NOON

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Graphic Controls

DATE 4/10/17
BR 2221

Start

UIC

Legacy

Rock of 2000 #313

30-003-2982

H 34-135 31E

Cal's Date - 2/10/17

1000#

Sen. # - 12449

Start - 500#

end - 500#

30 min

John Brown

Will It Survive

end

end