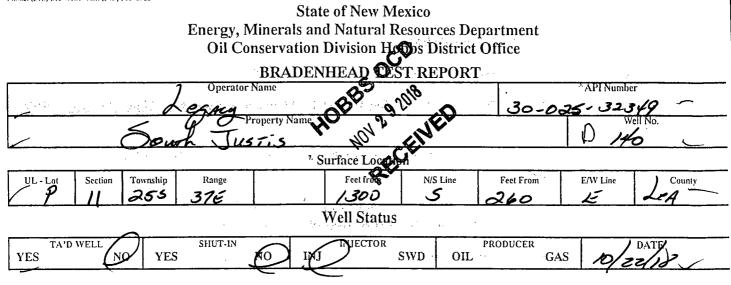
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OBSERVED DATA

				· · · · ·	
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	6			6	74n
Flow Characteristics	F				
Pull	O/ N	Y/N	Y / N	D / N	
Steady Flow	Y/Q	Y/N	Y/N	Y IN	GAS
Surges	YIN	Y / N	Y/N	Y/ 9	Type of Fluid
Down to nothing	M N	Y/N	Y / N	2 N	Injected for Waterflood if
Gas or Oil	YN	Y/N	Y / N	Y/D	applies.
Water	U Y/ Ø	Y/N	Y/N	Y/J	

Remarks - Please state for each string (A,B,C,D,E) pertinent information rega	rding bleed down or continuous build up if applies.
Signature:	

	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	I.I. /MD
Date: 10/22/18 Phone:	<i>U</i>
Witpess: Howe	
· · · ·	

INSTRUCTIONS ON BACK OF THIS FORM

Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION		Revised July 18, 2013 WELL API NO.	
<u>District II</u> - (575) 748-1283			30-025-32349	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE FEE FEE FED FED FED FED FED FED FED FE	
1220 S. St. Francis Dr., Santa Fe, NM	220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS	······	7. Lease Name or Unit Agreement Name	
(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.)			SOUTH JUSTIS UNIT D	
1. Type of Well: Oil Well	8. Well Number 140			
2. Name of Operator LEGACY RES		9. OGRID Number 240974		
3. Address of Operator			10. Pool name or Wildcat	
	8, MIDLAND, TX 79702		JUSTIS; BLINEBRY-TUBB-DRINKARD	
4. Well Location				
Unit Letter P ::	<u>1300</u> feet from the <u>SOUT</u>			
<u> Section <u>11</u> </u>	Township 25S 11. Elevation (Show whether DR)	Range 37E	NMPM County LEA	
	3127' GR	<i>KKB</i> , <i>KI</i> , <i>GK</i> , <i>eic.</i>		
E. 4.5 234 2354 (25 Minimum Control of DATA State of Control of				
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF IN	ENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON	REMEDIAL WOR	K 🔲 ALTERING CASING 🗌	
	CHANGE PLANS	COMMENCE DRI		
	MULTIPLE COMPL	CASING/CEMEN	Т ЈОВ 📋	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: PRESS	URE TEST-UIC PURPOSES 🦯 🛛 🛛	
			d give pertinent dates, including estimated date	
		C. For Multiple Con	mpletions: Attach wellbore diagram of	
proposed completion or reco	mpletion.			
	RE CASING TO 560#. WITNESS	ED BY GEORGE F	3OWER-NMOCD, CHART	
ATTACHED.				
	•		·	
[<u>_</u>			
Spud Date:	Rig Release Da	ate:		
	<u>_</u>			
I hereby certify that the information a	bove is true and complete to the b	est of my knowledg	e and belief.	
ψ (-)				
SIGNATURE Ming Tra	TITLE_COM	PLIANCE COORD	INATORDATE_11/27/2018	
	NA E mail addrea	a Inina@lagaardm	PHONE: 422 680 5200	
Type or print name <u>LAURA PI</u> For State Use Only	\mathcal{O} C-mail address	s: <u>lpina@legacylp</u>	0.com PHONE: <u>432-689-5200</u>	
E C	\leq \sim	1.5		
APPROVED BY: Jenge	Your TITLE Om	Ance upen	DATE 2/3/18	
Conditions of Approval (if any):	V	V	·	