

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)		WELL API NO. 30-025-20547
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>11</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>B-12</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3170' DR		9. OGRID Number 240974
		10. Pool name or Wildcat JUSTIS; BLINEBRY-TUBB-DRINKARD

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: 2018 UIC-5 YEAR MIT TEST ☒

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.

2018 UIC 5 year MIT failed, well had HIT. Well has been repaired and re-tested.

05/06-09/19 MIRU. Repair HIT and return well to injection.

05/22/19 Ran MIT, pressure casing to 540#. Witnessed by Kerry Fortner-OCD, 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 05/30/2019

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-3-19

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

JUN 03 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves	*API Number 300 252 0547
Property Name South Justice Unit	Well No. B-72

Surface Location								
UL - Lot F	Section E-17	Township 25S	Range 37E	Feet from N	N/S Line 1650	Feet From W	E/W Line 2310	County Lea

Well Status							
TA'D WELL YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	OIL PRODUCER GAS	DATE 5-22-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	NA	NA	0	610
Flow Characteristics					not inj
Puff	Y / 0	Y / N	Y / N	0 / N	CO2
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS
Down to nothing	0 / N	Y / N	Y / N	0 / N	Type of Fluid
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	Injected for
Water	Y / 0	Y / N	Y / N	Y / 0	Water level if applies

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

Post WORKOVER

Return to Injection

Bens Oilfield Service

SER# BM 5827 CAL 2/18/19

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 5-22-19	Phone:	
Witness: Kerry Fortner - OCD		

399-3221

INSTRUCTIONS ON BACK OF THIS FORM