

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

|   |  |  |
|---|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)         |  | WELL API NO.<br>30-025-32356   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/> |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP   |  | 6. State Oil & Gas Lease No.   |
| 3. Address of Operator<br>PO BOX 10848, MIDLAND, TX 79702   |  | 7. Lease Name or Unit Agreement Name<br>SOUTH JUSTIS UNIT "H"  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>2380</u> feet from the <u>NORTH</u> line and <u>150</u> feet from the <u>EAST</u> line<br>Section <u>25</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>242</u>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  | 9. OGRID Number<br>240974  |
|   |  | 10. Pool name or Wildcat<br>JUSTIS BLBRY-TUBB-DKRD   |

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 ☐  
CLOSED-LOOP SYSTEM ☐  
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.

05/09-15/19 MIRU. Repair HIT; return well to injection.

05/22/19 Ran MIT, pressure casing to 560#. Witnessed by Kerry Fortner-OCD, chart attached.

Spud Date:

Rig Release Date:

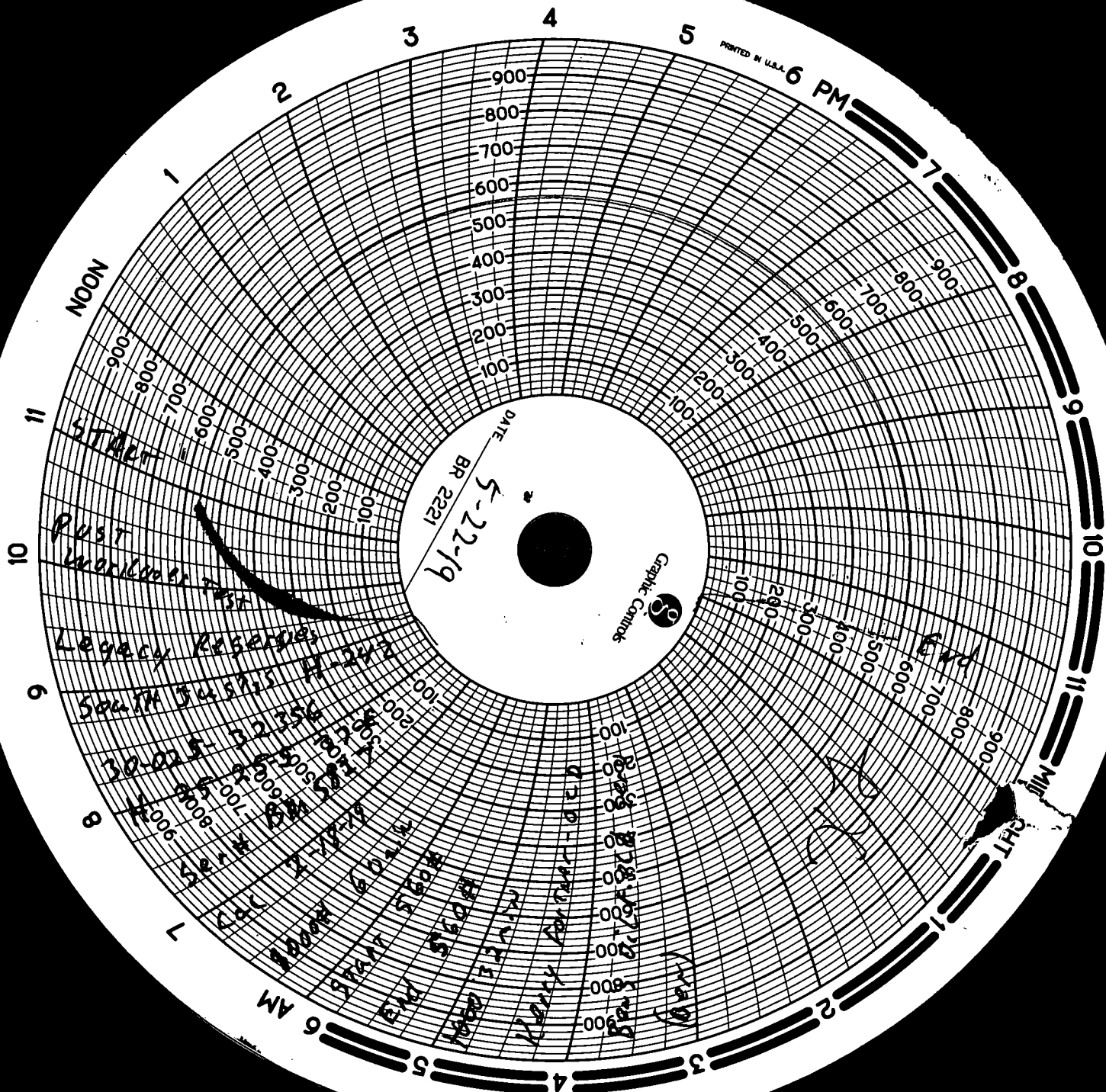
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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 DATE 6-3-19  
Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

|  |                                    |
|--|------------------------------------|
| Operator Name<br><b>Legacy Reserves</b>    | *API Number<br><b>30-025-32356</b> |
| Property Name<br><b>South Justice Unit</b> | Well No.<br><b>H 242</b>           |

| Surface Location      |                      |                         |                      |  |                            |                      |                         |                      |                      |
|-----------------------|----------------------|-------------------------|----------------------|--|----------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>14</b> | Section<br><b>25</b> | Township<br><b>25.5</b> | Range<br><b>37.E</b> |  | Feet from<br><b>N 2300</b> | N/S Line<br><b>N</b> | Feet From<br><b>150</b> | E/V Line<br><b>E</b> | County<br><b>Lea</b> |

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

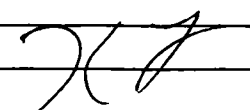
OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing      |
|----------------------|------------|--------------|--------------|----------------|----------------|
| Pressure             | 0          | ✓            | ✓            | 0              | 0              |
| Flow Characteristics |            |              |              |                | NOT INS        |
| Puff                 | Y / N      | Y / N        | Y / N        | Y / N          | CO2 —          |
| Steady Flow          | Y / N      | Y / N        | Y / N        | Y / N          | WTR —          |
| Surges               | Y / N      | Y / N        | Y / N        | Y / N          | GAS —          |
| Down to nothing      | Y / N      | Y / N        | Y / N        | Y / N          | Type of Fluid  |
| Gas or Oil           | Y / N      | Y / N        | Y / N        | Y / N          | Injected or    |
| Water                | Y / N      | Y / N        | Y / N        | Y / N          | 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.

**Ben Oilfield Services**  
**POST WORKOVER TEST**

**SN BM 5827 cal 2/18/19**

|  |        |   |
|--|--------|---|
| Signature:   |        | OIL CONSERVATION DIVISION   |
| Printed name:  |        | Entered into RBDMS  |
| Title:   |        | Re-test   |
| E-mail Address:  |        |  |
| Date: <b>5-22-19</b>                                   | Phone: |   |
| Witness: <b>Kerry Fortner - OGD</b><br><b>399-3221</b> |        |   |

INSTRUCTIONS ON BACK OF THIS FORM