

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

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

WELL API NO. <b>30-015-21462</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>RV State</b>
8. Well No. <b>1</b>
9. OGRID Number <b>240974</b>
10. Pool name or Wildcat <b>Loco Hills; Q-Grybg-SA, South</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☒ Gas Well ☐ Other

2. Name of Operator  
**Legacy Reserves Operating LP**

3. Address of Operator  
**PO Box 10848, Midland, TX 79702**

4. Well Location  
Unit Letter **E** : **1980** feet from the **North** line and **660** feet from the **West** line  
Section **32** - Township **18-S** Range **29-E** NMPM, County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/26/12 MIRU plugging equipment. POH w/ rods and pump. Dug out cellar. POH w/ tubing. RIH and set 4 1/2 CIBP and set @ 1820'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 1820-1460'. POH w/ tbg.  
03/27/12 Set packer @ 30' and pressured up on casing. Held 700 psi. Perf'd casing @ 767'. RIH and set packer @ 500'. Sqz'd 30 sx cement and displaced to 700'. WOC. No Tag. R-Sqz'd 30 sx cement w/ 2 % CACL & 1 sx of LCM. WOC. No Tag. Re-Sqz'd 30 sx cement and displaced to 700'. WOC. No Tag. R-Sqz'd 30 sx cement w/ 2 % CACL & 1 sx of LCM. WOC  
03/28/12 Pressured up on plug and held 1000 psi. Tagged plug @ 685'. POH. Perf'd casing @ 433'. Set packer @ 34'. Got injection rate. Sqz'd 50 sx cement and displaced to 315'. WOC. Tagged plug @ 324'. POH. Perf'd casing @ 60'. ND BOP. Flanged up well head. Sqz'd 30 sx cement and circulated to surface. Riggged down moved off.  
04/04/12 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on above ground Dry Hole Marker. Back filled cellar. Cut off deadmen. Cleaned location. Moved off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, www.cmnrd.state.nm.us/oed.

RECEIVED  
APR 10 2012  
NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Berry Johnson TITLE Operations Superintendent DATE 04/09/2012

Type or print name Berry Johnson E-mail address: \_\_\_\_\_ Telephone No. 432-689-5200

For State Use Only

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 4/10/2012  
Conditions of Approval (if any): \_\_\_\_\_