

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. 30-025-41527
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 ROCK QUEEN UNIT
8. Well Number 320
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  Gas Well  Other INJECTION  **HOBBS OCD**

2. Name of Operator  
LEGACY RESERVES OPERATING LP **OCT 24 2014**

3. Address of Operator  
PO BOX 10848, MIDLAND, TX 79702 **RECEIVED**

4. Well Location  
 Unit Letter F : 2180 feet from the NORTH line and 1980 feet from the WEST line  
 Section 30 Township 13S Range 32E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4375.7 GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT & FIRST INJECTION <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.

08/29/14 Ran MIT, pressure casing to 560#, held for 30 min. Well is now injecting under Administrative Order# WFX-919. Chart attached.

FIRST INJECTION: 09/04/14

Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

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 REGULATORY TECH DATE 10/08/2014

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

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 3/2/2015  
 Conditions of Approval (if any): WFX-919 **MAR 2 1 2015**

MIDNIGHT

LEGACY RESERVES  
UNIT # 320  
UNIT # 30  
APJ # 30-1025-41527  
135-832E

APRIL 560 #  
FINAL 560 #  
TIME 32 MINS

560 #  
FINAL

560 #  
FINAL

Graphic Controls

8/29/2014  
DATE BR 2221

LEGACY RESERVES  
1000 #  
CALIB. 3/3/2014  
60 OMMEX  
NOON

PRINTED IN U.S.A.

