

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

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NOV 29 2010

HOBBSUCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. /
30-025-31864

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 X Inj

2. Name of Operator LEGACY RESERVES OPERATING LP

3. Address of Operator P.O. BOX 10848
MIDLAND, TX 79702

4. Well Location

Unit Letter A : 140 feet from the North line and 1175 feet from the East line.Section 26 Township T25S Range R37E NMPM LEA County

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

3070' GL 3084' KB

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 COMPL ☐

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.

ESTIMATED START DATE: 12/1/10

Due to failed MIT performed on 10/14/10 we intend to RU & change out wellhead packing.

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: Production Superintendent DATE: 11/24/10Type or print name Berry Johnson E-mail address: _____ Telephone No. (432) 689-5200

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 11-30-10

Conditions of Approval (if any):