Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103
Office  District I  District II  District II		WELL API NO. /	
District II			30-015-00664
District II  1301 W. Grand Ave., Artesia, NM 88210. District III  1000 Rig Proper Rd. Actas NM 87410.  1000 Rig Proper Rd. Actas NM 87410.  1000 Rig Proper Rd. Actas NM 87410.		5. Indicate Type of Lease	
1000 RIO BIAZOS RG., AZIEC, NIM 8/410		7505	STATE STATE STATE
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS ON WELL	S	7. Lease Name or Unit Agreement Name
(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.)			South Red Lake II Unit
1. Type of Well: Oil Well Gas Well Other Injection		n	8. Well Number 9
2. Name of Operator		1	9. OGRID Number 240974 -
LEGACY RESERVES OPERATING LP  3. Address of Operator P.O. BOX 10848		10. Pool name or Wildcat	
	LAND, TX 79702		Redlake Queen, Grayburg, San Andres
4. Well Location		I	
Unit Letter F:	1650 feet from the	North line and	1650 feet West line
Section 36 Township 17S Range 27E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
(2) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3581' GL		· 所名的 はまず はまず のまでの でんし は でき となべ や
12. Check	Appropriate Box to Indicate N	ature of Notice, R	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☑ REMEDIAL WOR			<del></del>
TEMPORARILY ABANDON		<del></del>	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	_	CASING/CEMENT	JOB □
DOWNHOLE COMMINGLE			
OTHER:		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
Free conference of the confere			
ESTIMATED START DATE: 2/1/11			
Plan to replace 1100' flowline in order to return to injection. Will order flowline & set up time for			
OCD to witness MIT.			
NO MIT TES NUCLES SALY UNLESS TUBBOR AND PACKETE			
No m	IT TES NUCLES SAK	4 uncess	TURNEY MAN PROTER
men GO	· · ·		
Spud Date:	Rig Release Da	ate:	
I haraby contify that the information	n above is true and complete to the be	act of my knowledge	and baliaf
1 hereby certify that the information	1 above is true and complete to the bi	est of my knowledge	and belief.
Banad.	Land		T. 1 TT. 0.1 1/10 T. 0.1
SIGNATURE TITLE Production Superintendent DATE 01/18/2011			
Type or print name Berry Johnson	E-mail addres	s:	PHONE: <u>432-689-5200</u>
For State Use Only			Carlinated and the control of the co
APPROVED BY: Putter	INGUE TITLE CO	AND AND NO	2052 DATE 3/3/11
Conditions of Approval (if any):		and an experience of	
<b>Y</b> (	Cond	ition of Approval	: Notify OCD Hobbs - Artes a
•	office	24 hours prior to re	unning MIT Test & Chart.
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