

District I - (575) 393-6161

HOBBS OCD

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

JUL 10 2012

RECEIVED

WATER CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-31601

5. Indicate Type of Lease STATE [] FEE [X]

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BARNES 20 SWD

8. Well Number 1

9. OGRID Number 240974

10. Pool name or Wildcat SWD; BOUGH C

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 [X] Other SWD

2. Name of Operator LEGACY RESERVES OPERATING LP

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

4. Well Location

Unit Letter C : 766 feet from the NORTH line and 2201 feet from the WEST line Section 20 Township 9S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4170 GR

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 []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] P AND A [] CASING/CEMENT JOB []

OTHER: REPAIR - FAILED BRADENHEAD TEST [X]

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.

ESTIMATED START DATE: 07/12/12

FAILED BRADENHEAD TEST ON 07/09/12 - HAS PRESSURE ON BACKSIDE

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE Sharon Bowersock TITLE REGULATORY TECH DATE 07/09/2012

Type or print name SHARON BOWERSOCK E-mail address: PHONE: 432-689-5200

For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 7-11-2012

Conditions of Approval (if any):

JUL 11 2012