

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

RECEIVED
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
MAY 18 2009
HOBSOCD

WELL API NO. 30-025-11712
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
8. Well Number D-20
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS-BLINEBRY-TUBB-DRINKARD

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 P.O. BOX 10848
MIDLAND, TX 79702

4 Well Location
 Unit Letter H : 2310 feet from the NORTH line and 330 feet from the EAST line.
 Section 23 Township T25S Range R37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3032.4' GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest frsh 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:		SUBSEQUENT REPORT OF:	
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 checked="" 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"/>	
OTHER <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Estimated Start Date: 6/15/09

- MIRU pulling unit. Install 2000# min. rated BOP.
- RU Capitan Wireline RIH and set wireline set CIBP at 5020'.
- Capitan Wireline. RIH w/ dump bailer and spot 50' minimum (9 sxs) cement on top of CIBP in 7" csg. (Note: NMOCD requires 35' minimum cmt on CIBP for future potential PXA)
- RU pump truck. Load hole with fresh water. Pressure test casing to 500# for 30 min to perform mechanical integrity test (MIT). Pressure loss must not exceed 10% (50 # for 500# test) in test period. Obtain pressure chart.
- RIH w/ 4970' of 2 3/8" tbg to top of cmt on CIBP.
- Circulate hole w/ 225 bbls packer fluid to protect casing for temporary abandonment. Kel-Tech Chemical company will provide corrosion inhibitor/pkr fluid (K-1725 or KCW-1725).
- POH and LD tbg. Land 1 jt tbg in wellhead w/ ball valve, bull plug and pressure gauge on top.
- Flange up wellhead for temporary abandonment.
- RD BOP and pulling unit.

Condition of Approval : Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart

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 Kent Williams TITLE: SENIOR ENGINEER DATE 5/14/09
 Type or print name KENT WILLIAMS E-mail address: Telephone No. (432)689-5200

APPROVED [Signature] DISTRICT 1 SUPERVISOR DATE MAY 19 2009
 BY: [Signature] TITLE _____ DATE _____
 Conditions of Approval (if any): _____