

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-015-21757</b>
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: <b>S &amp; T State</b>
8. Well No. <b>4</b>
9. OGRID Number <b>240974</b>
10. Pool name or Wildcat <b>Loco Hills; Q- GB-SA, South</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3423 GR</b>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator <b>Legacy Reserves Operating LP</b>
3. Address of Operator <b>PO Box 10848, Midland, TX 79702</b>
4. Well Location Unit Letter <b>F</b> : <b>1980</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>32</b> Township <b>18-S</b> Range <b>29-E</b> NMPM County <b>Eddy</b>

11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3423 GR</b>
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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.

04/11/12 MIRU plugging equipment. POH w/ pump and rods. ND wellhead NU BOP.  
04/12/12 POH w/ tbg. RIH and set CIBP @ 1800'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 1800 - 1440. POH w/ tbg. Pressure tested casing, did not test. Perf'd casing @ 760'. RIH and set packer @ 500'. Sqz'd 30 sx cement. Displaced to 700'. WOC. NO TAG. Re-Sqz'd 30 sx cement w/ 2 % CACL and 1 sx LCM. Displaced to 700' WOC.  
04/13/12 Tagged plug @ 676'. POH w/ tbg. Perf'd csg @ 391'. Sqz'd 50 sx cement and displaced cement to 280'. WOC. Tagged plug @ 270'. Perf'd csg @ 60'. Sqz'd 30 sx cement and circulated to surface. Rigged down moved off.  
04/25/12 Move in welder and back hoe. Dug out cellar. cut off well head. Welded on above ground Dry Hole Marker. Backfilled cellar. Removed anchors. Cleaned location moved off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/oed.

RECEIVED  
MAY 01 2012  
NMOCD ARTESIA

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 Operations Superintendent DATE 04/30/2012

Type or print name Berry Johnson E-mail address \_\_\_\_\_ Telephone No: 432-689-5200

For State Use Only

APPROVED BY [Signature] TITLE [Signature] DATE 5/2/2012

Conditions of Approval (if any):

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