

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 30-015-35193
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name SOUTH RED LAKE II UNIT
4. Well Location Unit Letter <u>E</u> : <u>1780</u> feet from the <u>NORTH</u> line and <u>875</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number <u>52</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3375' GR		9. OGRID Number 240974
		10. Pool name or Wildcat RED LAKE;QUEEN-GRAYBURG-SA

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/17/14 MIRU plugging equipment.

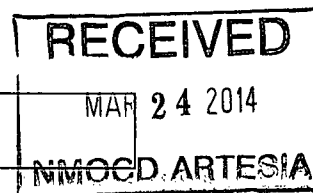
03/18/14 Dug out cellar. ND wellhead. NU BOP. RIH w/ workstring and tagged plug @ 1474'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 1474-1227'. POH to 410'. Spotted 25 sx cement @ 410-163. POH to 60'. Spotted 10 sx surface plug. Rigged down and moved off.

03/18/14 Moved in welder and backhoe. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. cleaned location. Moved off.

Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

Spud Date:

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 Rig Release Date



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

SIGNATURE Kevin Bracey TITLE OPERATIONS SUPERINTENDENT DATE 03/19/2014

Type or print name KEVIN BRACEY E-mail address: PHONE: 432-689-5200
For State Use Only

APPROVED BY: [Signature] TITLE Asst. Supervisor DATE 3/25/2014
Conditions of Approval (if any):

Submit Subsequent C-103