

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

RECEIVED

OIL CONSERVATION DIVISION

JAN 24 2011 1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBSOCD

WELL API NO. 30-015-00620 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH RED LAKE II UNIT ✓
8. Well Number 7 ✓
9. OGRID Number 240974 ✓
10. Pool name or Wildcat RED LAKE; QN-GB-SA ✓

**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 INJECTION

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 : 1650' feet from the NORTH line and 990' feet from the EAST line  
Section 35 Township 17S Range 27E NMPM LEA County

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

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ESTIMATED START DATE: 2/1/2011

Well failed Bradenhead test 1/10/11. Indicates HIT. Intend to RU, POOH w/tubing & packer. Repair & RTI.

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

Spud Date:

Rig Release Date:

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

SIGNATURE Berry Johnson TITLE Production Superintendent DATE 01/20/2011

Type or print name Berry Johnson E-mail address:  PHONE: 432-689-5200

**For State Use Only**

APPROVED BY: Richard Inge TITLE COMPLIANCE OFFICER DATE 3/3/11

Conditions of Approval (if any):

