Submit 1 Copy To Approprision State of New Mex Office						
District I – (575) 393-6161 Energy, Minerals and Natura	Resources Revised August 1, 2011 WELL API NO.					
1625 N. French Dr., Hobbs, NN 82401 2013 District II - (575) 748-1283	20.025.21078					
811 S. First St., Artesia, NM 88210 OIL CONSERVATION I	5 Indicate Type of Lease					
District III - (505) 334-6178 1220 South St. France 1000 Rio Brazos Rd., Aztec, NEW PLOYED Scatter Fo. NIM 975	STATE TEE					
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.					
87505						
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH					
1. Type of Well: Oil Well Gas Well Other INJECTION	8. Well Number B-13					
Name of Operator LEGACY RESERVES OPERATING LP	9. OGRID Number 240974					
3. Address of Operator	10. Pool name or Wildcat					
P.O. BOX 10848 MIDLAND, TX 79702	JUSTIS; BLINEBRY-TUBB-DRINKARD					
4. Well Location						
Unit Letter K : 2160 feet from the SOUTH	line and 2310 feet from the WEST line					
Section 11 Township 25S	Range 37E NMPM County LEA					
11. Elevation (Show whether DR, I	(KB, RT, GR, etc.)					
Control of the Contro						
12. Check Appropriate Box to Indicate Na	ure of Notice, Report or Other Data					
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:					
	REMEDIAL WORK					
	COMMENCE DRILLING OPNS. P AND A					
	CASING/CEMENT JOB					
DOWNHOLE COMMINGLE						
OTHER:	OTHER: 5 YEAR MIT TEST					
13. Describe proposed or completed operations. (Clearly state all pe	rtinent 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.						
05/23/13 – 5 YEAR MIT. PRESSURE CASING TO 516#, HELD FO	D 20 MINIS CUART ATTACHED					
03/23/13 = 3 TEAR WITT RESSURE CASING TO 310#, REED FO	R 30 MINS. CHART ATTACHED.					
Spud Date: Rig Release Date	:					
I hereby certify that the information above is true and complete to the bes	of my knowledge and belief.					
\mathcal{L}						
SIGNATURE Laura ina TITLE REC	BULATORY TECH DATE 06/24/2013					
Type or print name <u>LAURA PINA</u> E-mail address:	PHONE: <u>432-689-5200</u>					
For State Use Only						
APPROVED BY:	+NR 12/2012					
Conditions of Approval (if any):						
·· · · · · · · · · · · · · · · · · · ·	DATIG 26-2013 V					
0 ⊌UN 27 2011						
	2010					

Partition Language Wo Camphic Controls APT# 20-025-21078
South Just 18:13 Gran a com Q, MOOM

<u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

JUN 2 4 2013

State of New Mexico

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

RECEIVED

					HEAD TE	ST RE	PORT	1				
Operator Name						_	- 30)() E	API Numb	1078 -		
() ()				Property Name	Darating LP			l	×	B-13		
7. Surface Location UL : Lot Section Township Range Feet from N/S Line Feet From EAV Line County												
K			31E	2160		3	S		Feet From EAV Lin 23/0 W		L & C	
Well Status												
Well Status A SHUT-IN PRODUCING DATE												
$\frac{1}{N} \frac{1}{N} \frac{1}$												
	OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH											
OBSERVED DATA If bradenhead flowed water, check all of the descriptions that apply:												
		(A)S11	rî-Interm	(B)Interm(1)-Interm(2)		(C)Interm-Prod			(D)Prod Csng		(E)Tubing	
Pressure			O							0	500	
Flow Charac	eteristics											
Puti	Puff)/ N	Y	7 N	Y/N			Ŵ/ N		-	
Steady I			YIN	Y		Y/N			YIX	-		
Surge			Y / [N]	Y	7 N		Y/N			YIN	_	
Down to n	-		B) / N	Y	Y/N				₩7 N			
Gas or	Oil		W/N	Y	/ N	1	Y/N			(B) N		
Wate	г		Y/(N)	Y		Y/N			Y/(N)			
TE land and and	10		-E.L. J								-	
If bradenhead flowed water, check all of the description CLEAR FRESH					SALTY		SOLFOR			BLACK		
	Track.											
Remarks:	h 0											
!	(0, a)	943										
											•	
L					··			-6	101	06	26-2013	
Signature:												
Printed name: 1-1 sus O. I. o.m						ACTE OF THE PERSON	Entered into RBDMS					
Printed name: 19 euco (), Noun								Re-test				
E-mail Addr	ess:						-					
Date: 5/23//3 Phone:												
Date. J/MJ/13 I none.								THE SHALL SH	****			

Witness: