

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

HOBBS OCD
JUN 24 2013
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State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

WELL API NO. 30-025-31866
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 C-192
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 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 B : 1275 feet from the NORTH line and 2350 feet from the EAST line
 Section 23 Township 25S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3087' GR

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input 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"/>		SUBSEQUENT REPORT OF: 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: 5 YEAR MIT TEST <input checked="" 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.

05/28/13 - 5 YEAR MIT. PRESSURE CASING TO 480#, HELD FOR 30 MINS. CHART ATTACHED.

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 Laura Pina TITLE REGULATORY TECH DATE 06/24/2013

Type or print name LAURA PINA E-mail address: _____ PHONE: 432-689-5200

APPROVED BY: [Signature] TITLE DIST. MGR DATE 6-26-2013

Conditions of Approval (if any):

JUN 27 2013 [Signature]

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-4721

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

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BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating LP</i>	API Number <i>300 25 31866</i>
Property Name <i>SJU</i>	Well No. <i>C-192</i>

Surface Location

UL-Lot <i>B</i>	Section <i>23</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>1275</i>	N/S Line <i>N</i>	Feet From <i>2350</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

Well Status <i>A</i>	SHUT-IN	PRODUCING <i>SW FND</i>	DATE <i>5/28/13</i>
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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) Surf-Interm	(B) Interm(1)-Interm(2)	(C) Interm-Prod	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>1000</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

0 gas

ELG/OCD 6-26-2013

Signature: <i>Steve Pittman</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Pittman</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/28/13</i>	Phone:
Witness:	