

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 August 1, 2011

HOBBS OGD

JUN 27 2013

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-10422

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Langlie Mattix Penrose Sand Unit

8. Well Number 31

9. OGRID Number

240974

10. Pool name or Wildcat

LANGLIE MATTIX; 7 RVRS-Q-GRYBG

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 : 1980 feet from the NORTH line and 860 feet from the EAST line

Section 22 Township 22S Range 37E NMPM County LEA

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

3355' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: 5 YEAR MIT TEST ☒

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.

05/15/13 ~ 5 YEAR MIT. PRESSURE CASING TO 535#, 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 06/27/2013

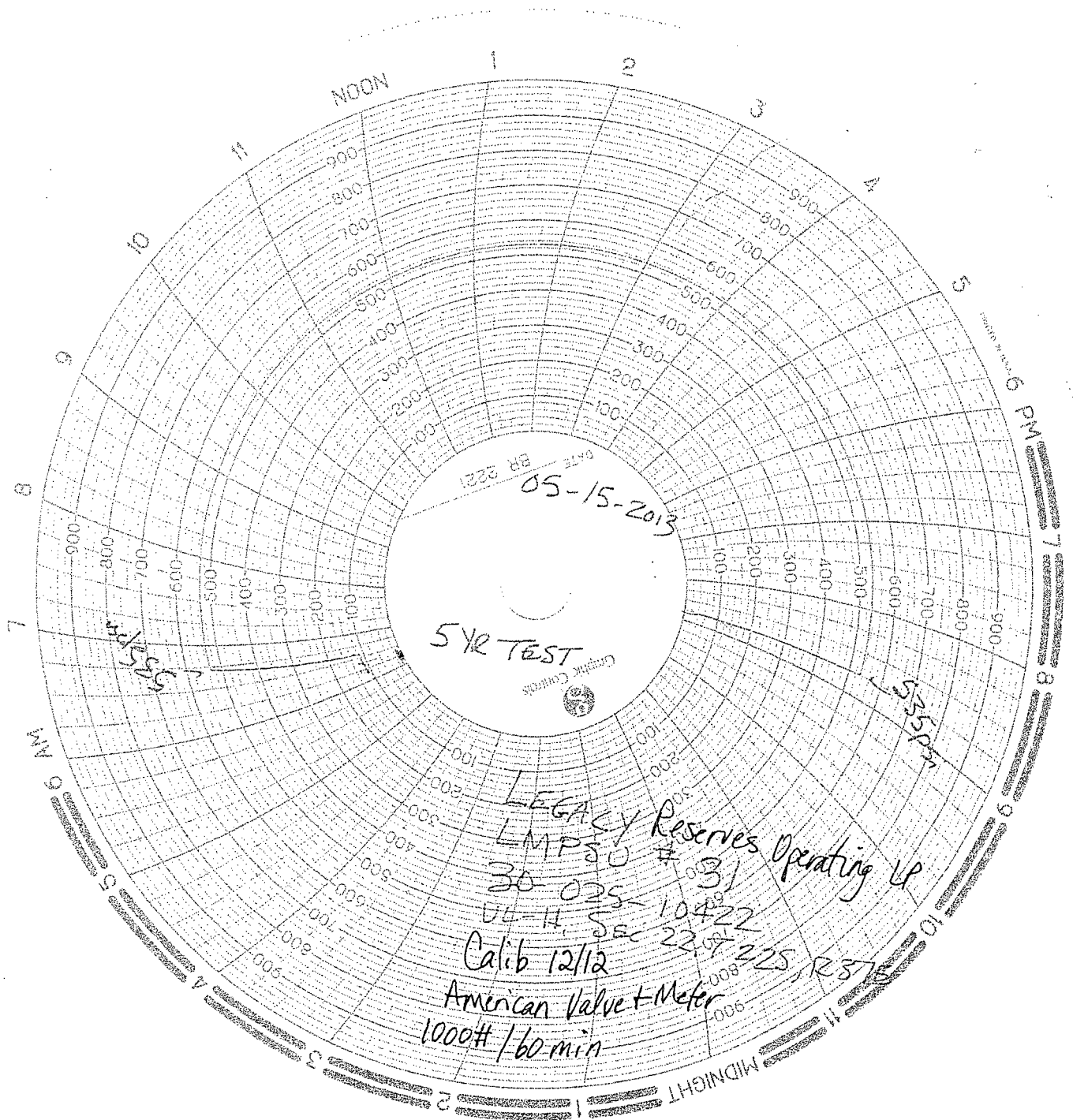
Type or print name LAURA PINA E-mail address: PHONE: 432-689-5200

For State Use Only

APPROVED BY: Matey Brown TITLE Compliance Officer DATE 6/28/2013

Conditions of Approval (if any):

JUL 08 2013



HOBBS OCD

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

JUN 27 2013

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Legacy Reserves Operating LP</i>	API Number <i>30-025-10422</i>
Property Name <i>LMPSU</i>	Well No. <i>31</i>

Surface Location

U/L - Lot <i>H</i>	Section <i>22</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>860</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 FLOW</i>	DATE <i>5/15/13</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-Intern	(B) Intern(1)-Intern(2)	(C) Intern-Prod	(D) Prod Casing	(E) Tubing
Pressure	<i>Q</i>			<i>Q</i>	<i>1500</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:

(D) Gas

Signature: <i>Steve Dittus</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steven Dittus</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/15/13</i>	Phone:
Witness:	<i>MR Brown 6/28/2013</i>