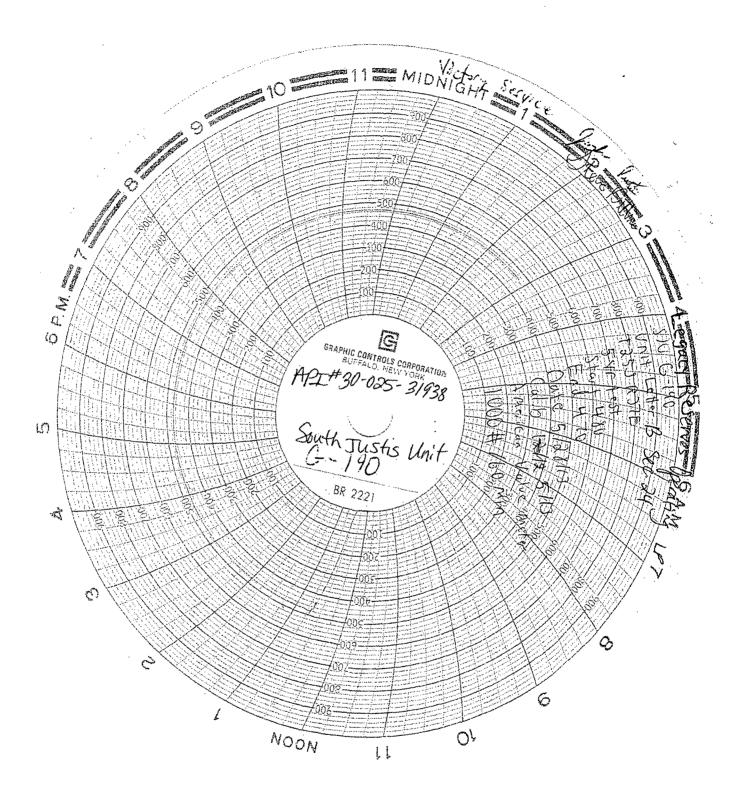
| Submit 1 Copy To Appropriate District HOBBS OCD State of New Mexico  | Form C-103  |  |  |  |  |
|--|---|--|--|--|--|
| Office District! - (575) 393-6161  Energy, Minerals and Natural Resources  | Revised August 1, 2011 WELL API NO.                 |  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283  JUN 26 2013  ONLY TION DIVISION  | 30-025-31938  |  |  |  |  |
| 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178  OIL CONSERVATION DIVISION  1220 South St. Francis Dr.  | 5. Indicate Type of Lease                           |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  RECEIVED Santa Fe, NM 87505  | STATE FEE Fed A                                     |  |  |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  | o. State on & das Bease No.                         |  |  |  |  |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name                |  |  |  |  |
| (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.)  | SOUTH JUSTIS UNIT                                   |  |  |  |  |
| 1. Type of Well: Oil Well Gas Well Other INJECTION   | 8. Well Number G-190                                |  |  |  |  |
| 2. 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   | O. C. A. WIEGE                                      |  |  |  |  |
| Unit Letter B : 1090 feet from the NORTH line and Section 24 Township 25S Range 37E  | 2455 feet from the <u>WEST</u> line NMPM County LEA |  |  |  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.  |   |  |  |  |  |
| 3077' GR   |   |  |  |  |  |
|  | n od n  |  |  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice   | , Report or Other Data                              |  |  |  |  |
|  | BSEQUENT REPORT OF:                                 |  |  |  |  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORTEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DE  | RK ALTERING CASING ARTHUR PAINT AND A               |  |  |  |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN   |   |  |  |  |  |
| DOWNHOLE COMMINGLE   | <del></del>   |  |  |  |  |
| OTHER: OTHER: 5 YEAR   | R MIT TEST  |  |  |  |  |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and   | nd 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.  |   |  |  |  |  |
| proposed completion of recompletion.   |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| 05/28/13 – 5 YEAR MIT. PRESSURE CASING TO 480#, HELD FOR 30 MINS. CH   | ART ATTACHED.                                       |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| ,  |   |  |  |  |  |
| Spud Date: Rig Release Date:   |   |  |  |  |  |
|  |   |  |  |  |  |
| I househy court for that the information about it to be a local to the |   |  |  |  |  |
| I hereby certify that the information above is true and complete to the best of my knowled   | ge and belief.                                      |  |  |  |  |
| CICLATURE A CO. L. C.  |   |  |  |  |  |
| SIGNATURE CHUNG WA TITLE REGULATORY TE   | CH DATE <u>06/26/2013</u>                           |  |  |  |  |
| Type or print name LAURA PINA E-mail address:  | PHONE: <u>432-689-5200</u>                          |  |  |  |  |
| For State Use Only   |   |  |  |  |  |
| APPROVED BY: DATE 6-27-20/3 Conditions of Approval (if any):  JUL 0 8 2013   |   |  |  |  |  |
| Conditions of Approval (if any):   | 2010  |  |  |  |  |
|  | .111 0 8 2013                                       |  |  |  |  |
|  | 00-   |  |  |  |  |



<u>District J</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 395-6161 Fax: (575) 393-0720 JUN 2 6 2013

## State of New Mexico

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

RECEIVED

|   |  | BRADENHEAD TH                          | EST REPORT     |                    |            |  |
|---|--|--|----------------|--------------------|------------|--|
| Lesay   | Operator<br>Ceserves                   | Name<br>Oxiatina LP                    | .9             | 300 35 31          | 1938       |  |
| ( )   | ()                                     | Proferty Name                          |                |                    | Well No.   |  |
| <sup>7</sup> Surface Location   |  |  |                |                    |            |  |
| UL-Lot Section Township Range Feet from N/S Line Feet From E/W Line County      |  |  |                |                    |            |  |
|   |  |  |                |                    |            |  |
| Well Status   |  |  |                |                    |            |  |
| Well Status SHUT-IN PRODUCING DATE  SW FAD 5/08/13                              |  |  |                |                    |            |  |
| OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH |  |  |                |                    |            |  |
| <b>3.2.</b>   |  | OBSERVED DA                            |                |                    |            |  |
| If bradenhead flowed water, check all of the descriptions that apply:           |  |  |                |                    |            |  |
|   | (A)Surf-Interm                         | (B)Interm(1)-Interm(2)                 | (C)Interm-Prod | (D)Prod Csng       | (E) Tubing |  |
| Pressure  | <u>Q</u>                               |  |                | <u> </u>           | 700        |  |
| Flow Characteristics  |  |  |                |                    |            |  |
| Puif  | Y / (N                                 | Y/N                                    | Y/N            | (Ŷ / N             |            |  |
| Steady Flow   | Y / (N)                                | Y/N                                    | Y/N            | YIAN               |            |  |
| Surges  | Y / (N                                 | Y / N                                  | Y / N          | Y 7/8/             |            |  |
| Down to nothing   | Y / N                                  | Y/N                                    | Y/N            | Ŵ/N                |            |  |
| Gas or Oil<br>Water   | Y/N                                    | Y/N                                    | Y/N            | X/N<br>Y/N         |            |  |
| water   | Y 1/3                                  | Y/N                                    | Y/N            | 17/65              | _]         |  |
| If bradenhead flowed water.   | check all of the description           | ons that apply:                        |                |                    |            |  |
| CLEAR   | FRESH                                  | SALTY                                  | SULFUR         | R BLACK            |            |  |
|   | <del></del>                            | ······································ |                |                    |            |  |
| Remarks:  |  |  |                |                    |            |  |
|   |  |  |                |                    |            |  |
|   |  |  |                |                    |            |  |
|   |  |  |                |                    |            |  |
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|   |  |  |                |                    |            |  |
|   |  |  |                |                    | **         |  |
|   |  |  |                |                    |            |  |
| J   |  |  |                | /                  |            |  |
|   |  |  | 171            | chan 1 3           | 27.0-12    |  |
| Signature: A.   |  |  | ر د            | TWOID 10-1         | 7-2013     |  |
| OIL CONSERVATION DIVISION   |  |  |                |                    |            |  |
| Printed name: Steven Dittmyn  |  |  | Ente           | Entered into RBDMS |            |  |
| Title: Re-test  |  |  |                |                    |            |  |
| E-mail Address:   |  |  |                |                    | <u> </u>   |  |
| Date: 5/28/13   | Phone:                                 |  |                |                    |            |  |
| 7.50  | Witness:                               |  |                |                    |            |  |
| <u></u>   | ************************************** |  |                |                    |            |  |