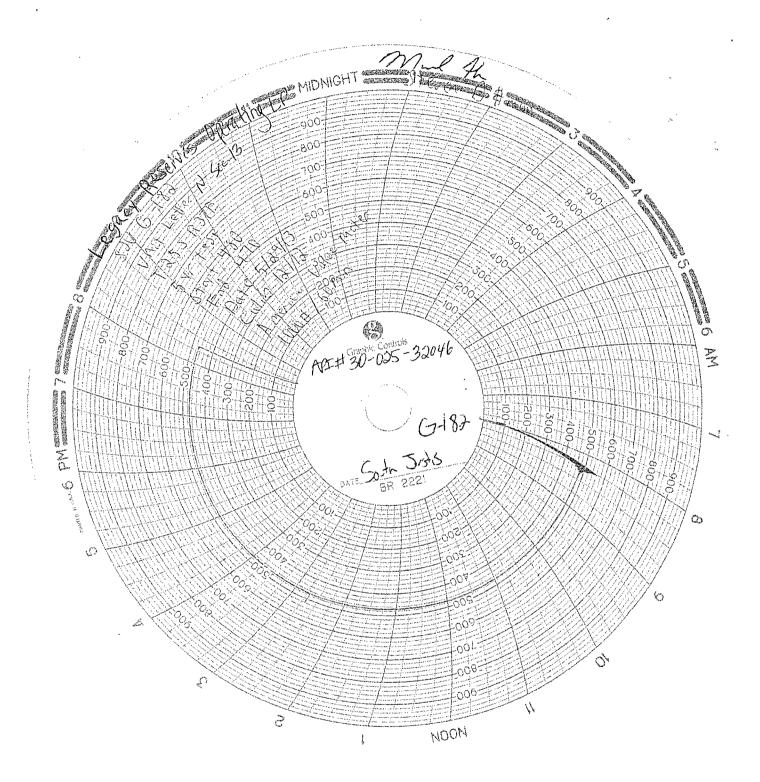
Submit 1 Copy To Appropriate District	State of New Me	xico		Form C-103		
District 1 – (575) 393-6161 HOBBS DEBy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.				
State of New Mexico Office District I – (575) 393-6161 District II – (575) 748-1283 OKASON INTERNATION DIVISION			30-025-32046			
811 S. First St., Artesia, NM 88210 COLONSERVATION DIVISION		5. Indicate Type of Lease				
1000 D'- D DJ 4-4 NM 87410		.0.0 2	STATE FEE			
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED Santa Fe, NM 87505			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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION			8. Well Number G-182			
2. Name of Operator			9. OGRID Numbe	r		
LEGACY RESERVES OPERATING LP		240974 10. Pool name or Wildcat				
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702			JUSTIS; BLINEBRY-TUBB-DRINKARD			
4. Well Location						
Unit Letter N : 200 feet fi	rom the SOUTH	line and20	000 feet from t	he <u>WEST</u> line		
Section 13	Township 25S	Range 37E	NMPM	County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
	3079' GR	 				
12. Check Appropriate	Box to Indicate N	ature of Notice,	Report or Other I	Data		
NOTICE OF INTENTION	TO:	SUB	SEQUENT REF	PORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING		
TEMPORARILY ABANDON		CASING/CEMENT		P AND A		
DOWNHOLE COMMINGLE		CASINO/CLIVILIN	100			
				_		
OTHER: 13. Describe proposed or completed operation	ns (Clearly state all r	OTHER: 5 YEAR		s including estimated date		
of starting any proposed work). SEE RU						
proposed completion or recompletion.		•	•	ŭ		
05/29/13 – 5 YEAR MIT. PRESSURE CASIN	G TO 480#, HELD F	OR 30 MINS. CHA	RT ATTACHED.			
	7					
Spud Date:	Rig Release Da	ite:				
]					
I hereby certify that the information above is true a	and complete to the h	ant of my knowledge	and haliof			
Thereby certify that the information above is true a	ind complete to the or	est of my knowledge	and benef.			
P P-						
SIGNATURE Laural ing	TITLE RE	GULATORY TEC	HDATE	E 06/26/2013		
Type or print name LAURA PINA	E-mail address:		PHON	NE: 432-689 - 5200		
For State Use Only	L man address.					
500	/_ N	of NOD		6 27-2012		
APPROVED BY Conditions of Approval (if any):	TITLE	51./***	DAT	ED-CI-MO		
Conditions of Approval At any				0 8 2013		
/ 0			1111	0 8 2013		
			UUL	·		



HOBBS OCD

District 1 1625 N. French Dr., Hobbs, NM 88240 Phone: (375) 393-6161 (Ext. (575) 393-0720

JUN 2 6 2013

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

BRADENHEAD TEST REPORT

RECEIVED

Legary	Meserves 1	Operating if		300 25	<u> </u>	
5)	U	Property Name				/ell No. - / })
		7. Surface Locati	on			
UL-Lot Section T	ownship Range 37E	Feet from 200	N/S Line S	Feet From 2000	E/W Line	County
		Well Status				
Well Status	SHUT-IN	SW FAJ	5/6	DATE () () ()		
OPEN B	RADENHEAD AND INT	ERMEDIATE TO ATMOSPHE	CRE INDIVIDUALLY I	FOR 15 MINUTES	EACH	
If bradenlicad flowed water,	check all of the descriptio	OBSERVED DA	TA			
	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod C	sng	(E)Tuhing
Pressure	0				(0)	6,00
Flow Characteristics					<u> </u>	
Puff	(Ŷ) N	Y / N	Y/N		/ N	1
Steady Flow	YIN	Y/N	Y/N		78	1
Surges	Y/N	Y/N	Y/N	_	17AV	
Down to nothing Gas or Oil	W/N	Y/N Y/N	Y/N Y/N	1	7 N	
Water	Y/(Ñ	Y/N	Y/N		7 N 7/®	1
	1				e,	J
If bradenhead flowed water.	check all of the descriptio	ns that apply:				
CLEAR	FRESH	SALTY	SULFUR		BLACK	
Remarks:						
r (1) 6	as					
	****			/	·	
			<u> </u>	SIDCO	6-2	77-7013
Signature:	STATEMENT	OIL CONSERVATION DIVISION				
Printed name: Steven Office and Entered into RBDMS						
Title: Re-test						
E-mail Address:			110			
F 1201	Phone:					
Date: 5/21/						
	Witness:					