

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 87401
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD

JUN 27 2013

RECEIVED

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. 30-025-32354
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
8. Well Number H-210
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>I</u> : <u>1370</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3054' 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.

05/29/13 - 5 YEAR MIT. PRESSURE CASING TO 460#, HELD FOR 30 MINS. CHART ATTACHED.

Spud Date:

Rig Release Date:

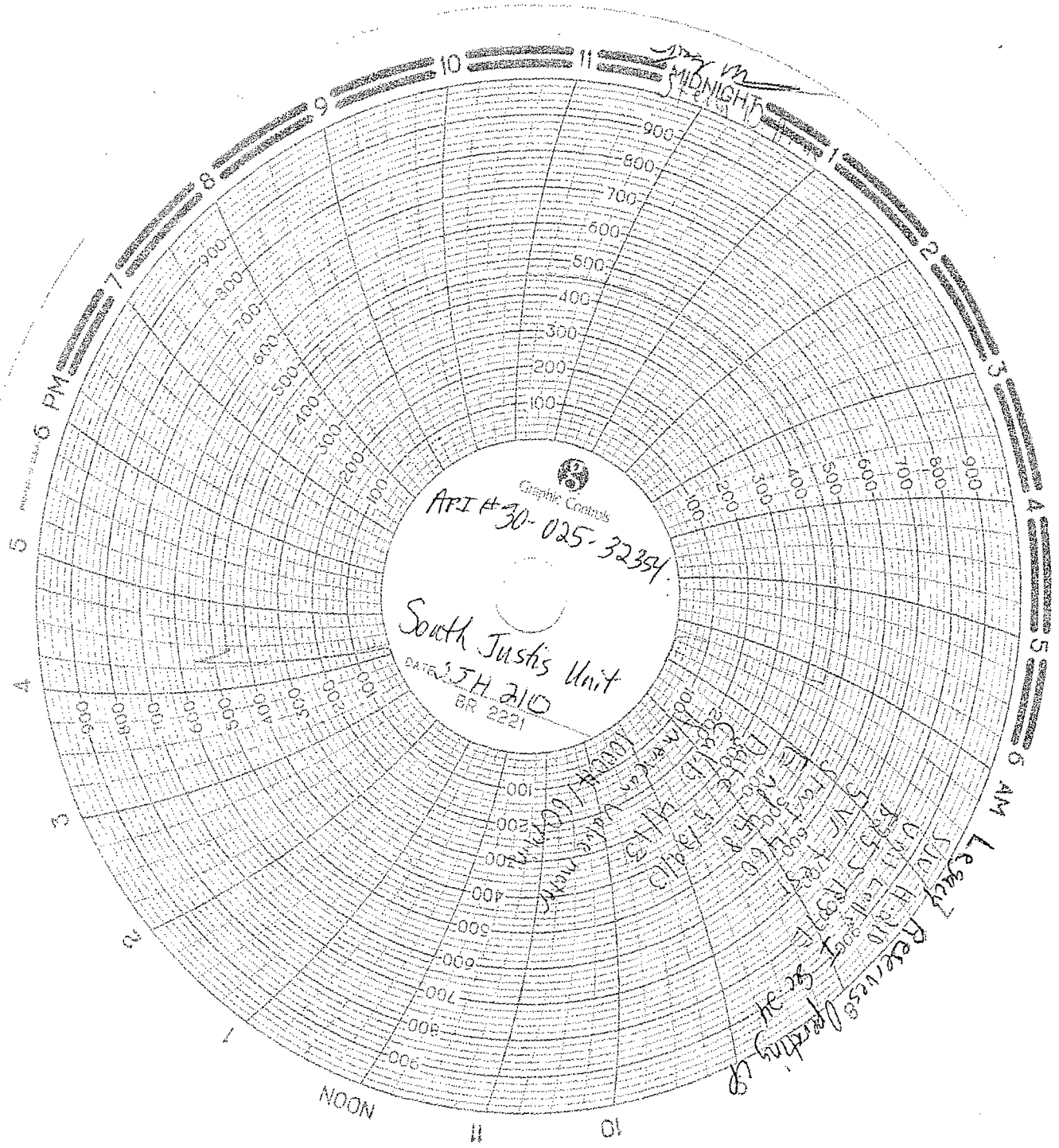
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Pina TITLE REGULATORY TECH DATE 06/26/2013

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

APPROVED BY [Signature] TITLE DIST. MGR DATE 6-27-2013
Conditions of Approval (if any): _____

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District 1

1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720RECEIVED
State of New MexicoEnergy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves Operating LP		* API Number 300 25 32354	
Property Name S J U		Well No. H-210	

7. Surface Location

UL - Lot I	Section 24	Township 25S	Range 37E	Feet from 1370	N/S Line S	Feet From 330	EAV Line E	County Lea
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Well Status

Well Status	SHUT-IN	PRODUCING SW FAD	DATE 5/29/13
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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 Csng	(E)Tubing
Pressure	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	760
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	
Gas or Oil	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

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Signature: <i>Steve Dutton</i>		OIL CONSERVATION DIVISION	
Printed name: Steven Dutton		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 5/29/13	Phone:		
Witness:			

ECG/POD 6-27-2013