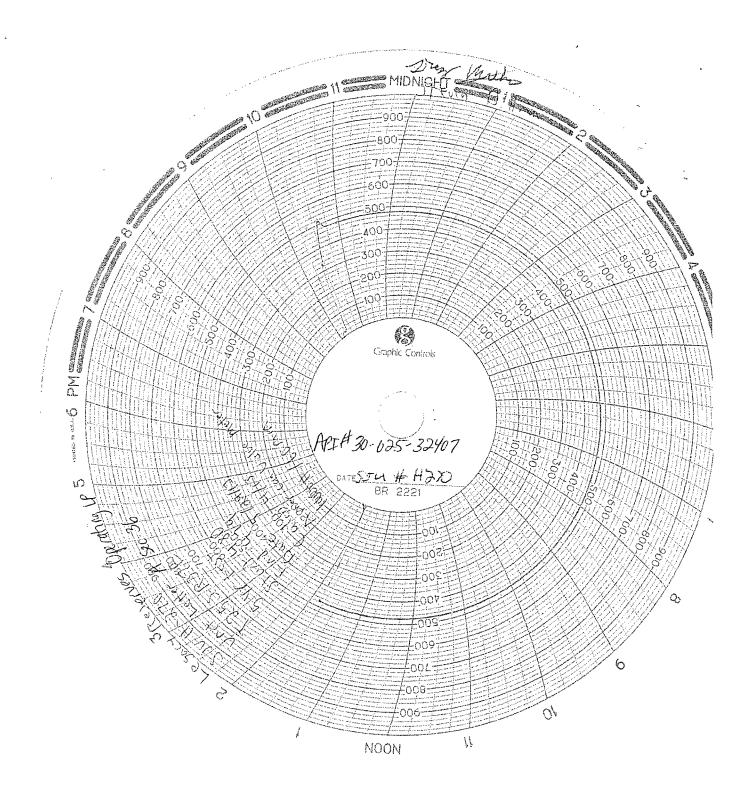
Submit 1 Copy To Appropriate District HOBBS Office of New Mexico Form C-103							
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011					
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283  JUN 2 7 2013	ATION DIVIGION	WELL API NO. 30-025-32407					
	ATION DIVISION St. Francis Dr.	5. Indicate Type of Lease					
1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED		STATE FEE 6. State Oil & Gas Lease No.					
1220 S. St. Francis Dr., Santa Fe, NM 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 H-270					
Name of Operator     LEGACY RESERVES OPERATING LP		9. OGRID Number 240974					
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702		10. Pool name or Wildcat JUSTIS; BLINEBRY-TUBB-DRINKARD					
4. Well Location							
Unit Letter A: 1100 feet from the		20 feet from the <u>EAST</u> line					
Section 36 Township 25S Range 37E NMPM County LEA							
3044' GR	nner DR, KKB, KI, GR, etc.)						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
• •		•					
NOTICE OF INTENTION TO: SUB- PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		SEQUENT REPORT OF:  K					
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRIL						
PULL OR ALTER CASING MULTIPLE COMPL	☐ CASING/CEMENT	JOB					
DOWNHOLE COMMINGLE							
OTHER:	OTHER: 5 YEAR I						
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.							
proposed completion of recompletion.							
05/29/13 – 5 YEAR MIT. PRESSURE CASING TO 480#, HELD FOR 30 MINS. CHART ATTACHED.							
,							
	F-10761						
Spud Date: Rig R	elease Date:						
I hereby certify that the information above is true and complete	to the best of my knowledge	and belief					
r necessity that the information above is true and complete	to the best of my knowledge	and belief.					
SIGNATURE Laura Tra TITL	E <u>REGULATORY TEC</u> I	H DATE 06/26/2013					
Type or print name <u>LAURA PINA</u> E-mail	address:						
For State Use Only	audiess.	PHONE: <u>432-689-5200</u>					
APPROVED BY: TITLI Conditions of Approval (if any):	Dut MGZ	DATE 27-2013					
Conditions of Approval (graffy), //							

JUL 0 8 2013

h



<u>District 1</u> 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								
Legary	Operator Reserves	Name Operating LP		300 a	*API Numb			
	11616105	roperty Name		1000		Vell No.		
	U					<u>-270</u>		
IN to Series To	Para line	7. Surface Loca			EAV Line	County		
UL-Lot Section To	wnship Range 37E	Feet from //00	N/S Line	Feet From 220	E	L & a		
Well Status								
Well Status SHUT-IN PRODUCING Sty FAJ		5/	DATE 29/13					
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)Tuhing		
Pressure	0				Q	100		
Flow Characteristics								
Puff	N (Å)	Y/N	Y/N		<u> </u>	-		
Steady Flow	Y/Q	Y/N	Y/N		Y789			
Surges	Y / 0X	Y / N	Y/N	1 .	Y 7 W			
Down to nothing	Y)/N	Y/N	Y/N	1	Ŷ/ N			
Gas or Oil Water	Y 7 (Ñ	Y/N	Y/N Y/N		(§ / N			
rater	1 7 09	1714	1714		Y / (Š)			
If bradenhead flowed water, check all of the descriptions that apply:								
CLEAR	FRESH	SALTY	SULFUR		BLACK			
Remarks:								
A,O Gas								
		,		1000		22 2012		
Signature: 1								
1 Terror UAlma				OIL CONSERVATION DIVISION				
Printed name: Steven Differen			E	Entered into RBDMS				
Title:			R	Re-test				
E-mail Address:			*B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
Date: 5/29/13	Phone:					Δ		

Witness: