

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 July 18, 2013

HOBBS OCD
 MAY 07 2014
 RECEIVED

OIL CONSERVATION DIVISION
 1220 South 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 PROPOSALS.)		WELL API NO. 30-025-33285
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name J M DENTON
4. Well Location Unit Letter <u>J</u> : <u>1650</u> feet from the <u>SOUTH</u> line and <u>2275</u> feet from the <u>EAST</u> line Section <u>11</u> Township <u>15S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>14</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3792' GL		9. OGRID Number 240974
		10. Pool name or Wildcat DENTON (DEVONIAN)

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
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: ACIDIZED DEVONIAN

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.

01/31/14: ACIDIZED DEVONIAN PERFS @ 11,062'-11,250' W/3,360 GAL 20% HCl NEAT ACID, 21,210 GAL 20% HCl GELLED ACID & 12,500# RS @ 23.0 BPM. AIP - 5441#, ISIP - 3825#, 5 MIN - 1093#, 10 MIN - 0#.
 02/18/14: WELL ON PUMP. 24 HR TEST: 40 BOPD, 30 MCFPD & 585 BWPD.

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 Craig Sparkman TITLE OPERATIONS ENGINEER DATE 05/05/2014

Type or print name CRAIG SPARKMAN E-mail address: _____ PHONE: 432-689-5200

For State Use Only
 APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 5/7/2014
 Conditions of Approval (if any): _____

MAY 08 2014