

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

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-005-01103
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 303737
7. Lease Name or Unit Agreement Name WEST CAP QUEEN SAND UNIT
8. Well Number 13
9. OGRID Number 240974
10. Pool name or Wildcat CAPROCK QUEEN

HOBBS OCD
 OCT 17 2014
 RECEIVED

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 Gas Well Other

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702

4. Well Location
 Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST line
 Section 20 Township 14S Range 31E NMPM County CHAVES

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING P & A NR <u>P.M.</u> INT TO P&A CSNG TA OTHER: <input type="checkbox"/>	P&A R COMP CHG Loc RBDMS CHART OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

- 09/16/14 MIRU plugging equipment. Dug out cellar.
- 09/17/14 Worked stuck pump and tubing. Backed off rods and POH 10 7/8 rods. Pumped 85 bbls water down csg.
- 09/18/14 Worked stuck tubing.
- 09/19/14 Worked stuck tbg. POH with rods and pump and 88 jts of tbg.
- 09/23/14 RIH w/ bit and scrapper to 2790'. Circulated hole w/ 50 bbls fresh water. POH. RIH and set 4 1/2 CIBP @ 2748'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement w/ 2% CACL @ 2748-2386. POH. Set pkr. @ 34'. Pressure tested csg. Did not hold.
- 09/24/14 Tagged plug @ 2723'. Re-Spotted 25 sx cement w/ 2 % CACL @2723-2361. Pulled out of cement. WOC. Tagged plug @ 2343'. Isolated csg leaks from 480-920. Set pkr @ 1600'.
- 09/25/14 Set pkr @ 1610'. Pressure tested csg. Held 500 psi. Per'd csg @ 1910'. Pumped into perms and pressured up to 500 psi. Spotted 25 sx cement w/ 2 % CACL @ 1960-1598 (per Mark whitaker OCD). POH w/ tbg. RIH and set pkr @ 950' & pressured up on csg 500 psi.
- 09/26/14 Tagged plug @ 1657'. Perf'd csg @ 1165. Pressured up on perms to 500 psi. Spotted 65 sx cement w/ 2% CACL @ 1215-275. POH and closed well in.

Spud Date:

Rig Release Date:

pg. 1

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 10/16/2014

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 10/20/2014

Conditions of Approval (if any):

OCT 20 2014

[Handwritten mark]

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-01103
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 303737
7. Lease Name or Unit Agreement Name WEST CAP QUEEN SAND UNIT
8. Well Number 13
9. OGRID Number 240974
10. Pool name or Wildcat CAPROCK QUEEN

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other **HOBBS OCD**
OCT 17 2014

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702 **RECEIVED**

4. Well Location
Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST line
Section 20 Township 14S Range 31E NMPM County CHAVES

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- 09/29/14** Tagged plug @ 470'. POH. Set packer @ 34', Sqz'd 50 sx cement w/ 2% CACL and displaced to 270. Held 450 psi on plug. WOC. Tagged plug @ 260'. POH w/ tbg. Perf'd csg @ 210'. Set pkr at surface and Sqz'd 65 sx cement w/ 2% CACL and circulated to surface.
- 09/30/14** Verified cement at surface. Rigged down and moved off.
- 10/10/14** Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.
Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

Spud Date:

Rig Release Date:

Pg. 2

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 10/16/2014

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only
APPROVED BY: *Mark Whitman* TITLE Compliance Officer DATE 10/20/2014

Conditions of Approval (if any):

dm