| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|---|-----------------------|--------------------------------------|--|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natu | ıral Resources | Revised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | | WELL API NO. 30-005-00832 | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | | 5. Indicate Type of Lease | |
| District III – (505) 334-6178 | 1220 South St. Fran | ncis HOBBS OCD | STATE FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87 | 7505 | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | OCT 29 2014 | | |
| SUNDRY NO | TICES AND REPORTS ON WELLS | 5 | 7. Lease Name or Unit Agreement Name | |
| (DO NOT USE THIS FORM FOR PROP | OSALS TO DRILL OR TO DEEPEN OR PL | UG BAGKEFOLA/EN | _ | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCHE PROPOSALS.) | | | ROCK QUEEN UNIT | |
| 1. Type of Well: Oil Well Gas Well Other INJECTION | | | 8. Well Number 13 | |
| 2. Name of Operator | | | 9. OGRID Number | |
| LEGACY RESERVES OPERATING LP | | | 240974 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| PO BOX 10848, MIDLAND, TX 79702 | | | CAPROCK; QUEEN | |
| 4. Well Location | CCO C C C VI NODE | | NOO C . C . I WESTER I' | |
| Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line | | | | |
| Section <u>23</u> | Township 13S | Range 31E | NMPM County CHAVES | |
| | 11. Elevation (Show whether DR, | , KKB, KI, GK, elc.) | | |
| | 48.31 | | | |
| 12 Charle | Appropriate Box to Indicate N | latura of Natica | Panart or Other Data | |
| 12. CHeck | Appropriate Box to indicate N | iature of Notice, | Report of Other Data | |
| E-PERMITTING | | SUB | SEQUENT REPORT OF: | |
| P&A NR | P&A R] | K ☐ ALTERING CASING ☐ | | |
| INT TO DO A | COMP | COMMENCE DRII | _ | |
| CCNC | CHG Loc () | CASING/CEMENT | 「JOB □ | |
| D CSNG | - | | | |
| C IA RBD | MS CHART | OTHER: MIT to e | xtend TA | |
| 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. | | | | |
| | | | | |
| | | | | |
| 10/24/14 Day MIT messure socies to 560# hold for 20 ming. Witnessed by Coorse Power OCD, short attached | | | | |
| 10/24/14 Ran M11, pressu | are casing to 360#, neid for 30 mins. | witnessed by Georg | e Bower-OCD, chart attached. | |
| This Approval of Temporary / | | | | |
| | | | | |
| | Abandonment Ex | pires 10/0 | 170010 | |
| | ETIM T | -/1 | • | |
| TINAL I/A: | | | | |
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| | | | | |
| Spud Date: | Rig Release Da | ate: | | |
| | | | | |
| | | | | |
| I hereby certify that the informatio | n above is true and complete to the b | est of my knowledge | e and belief. | |
| | | | | |
| CHONATURE OF THE PROPERTY OF THE 10/00/2014 | | | | |
| SIGNATURE Agus NE | TTTLE | REGULATORY | <u>TECHDATE_10/28/2014</u> | |
| Type or print name LAURA PINA E-mail address:lpina@legacylp.com PHONE: _432-689-5200 | | | | |
| For State Use Only 1 , | | | | |
| The second secon | | | | |
| | | | | |
| Conditions of Approval (if any) | y certify that the information above is true and complete to the best of my knowledge and belief. ATURE ALL TITLE REGULATORY TECH DATE 10/28/2014 Triprint name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200 DESCRIPTION OF THE DUST Supurior DATE 10/29/2014 | | | |
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