

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

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. 30-005-29210 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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 ROCK QUEEN UNIT ✓
4. Well Location Unit Letter <u>J</u> : <u>2280</u> feet from the <u>SOUTH</u> line and <u>1906</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u>		8. Well Number <u>319</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4387.7' GR		9. OGRID Number 240974
RECEIVED		10. Pool name or Wildcat CAPROCK; QUEEN

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> 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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT & FIRST INJECTION <input checked="" type="checkbox"/>	
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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.

08/15/14 Ran MIT, pressure casing to 540#, held for 30 min. Well is now injecting under Administrative Order# WFX-919. Chart attached.

FIRST INJECTION: 09/04/14

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: <input type="text"/>	Rig Release Date: <input type="text"/>	E-PERMITTING
		P&A NR _____ P&A R _____
		INT TO P&A _____ COMP <u>dn</u>
		CSNG _____ Chng Loc _____
		TA _____ RBDMS CHART <u>LAD</u>

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 10/08/2014

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

For State Use Only

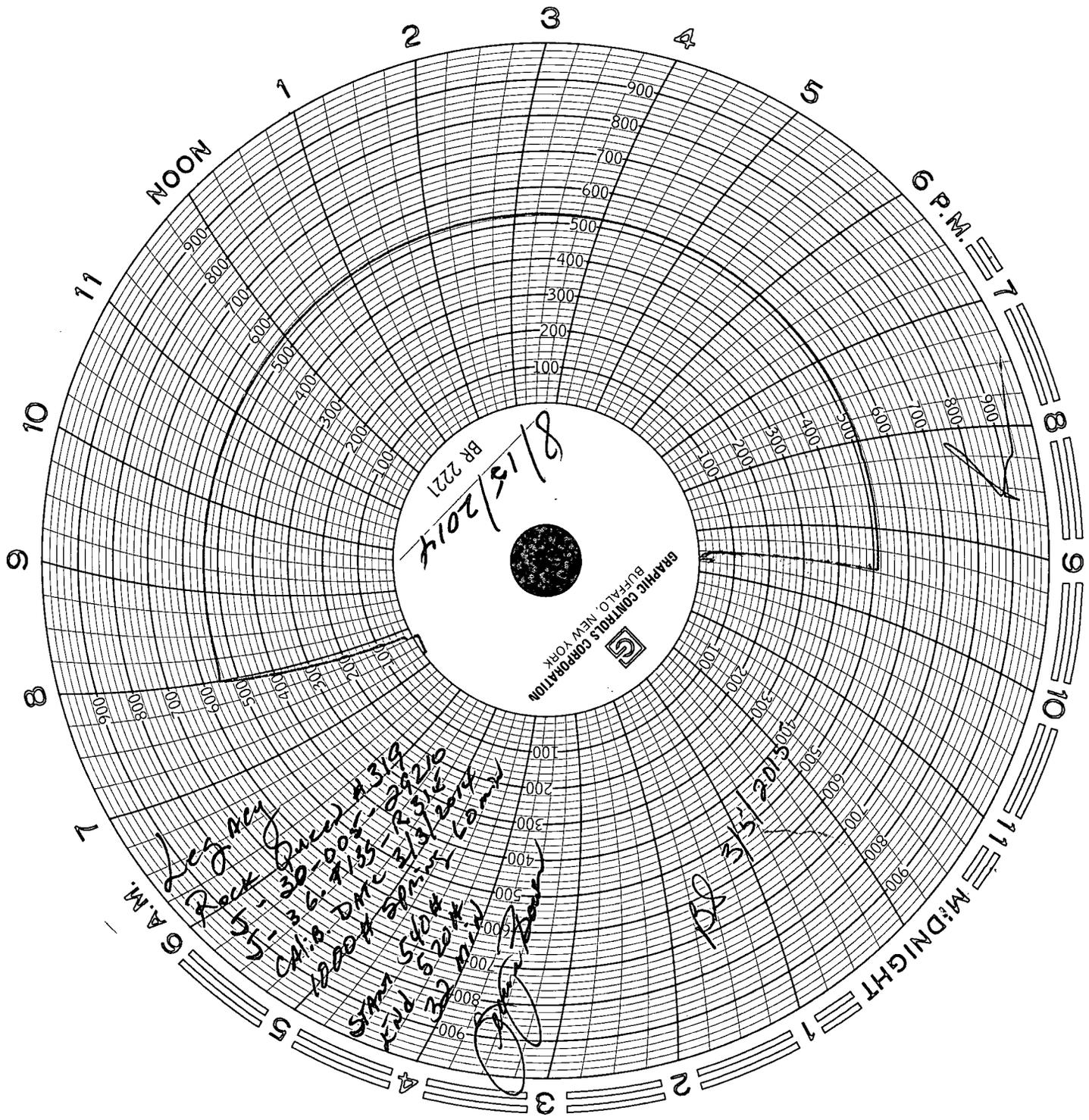
APPROVED BY: Bee Semanah TITLE Staff Manager DATE 3/5/2015

Conditions of Approval (if any):

WFX-919

MAR 12 2015

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