

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

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|---|--|
| WELL API NO. 30-005-00832 ✓ | |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name ROCK QUEEN 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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input type="checkbox"/> | |
| 2. Name of Operator LEGACY RESERVES OPERATING LP ✓ JUL 10 2015 | |
| 3. Address of Operator PO BOX 10848, MIDLAND, TX 79702 RECEIVED | |
| 4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>23</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |

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

| | |
|---|---|
| E-PERMITTING <input type="checkbox"/> <SWD <input type="checkbox"/> INJECTION CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <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 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.

06/30/15 MIRU plugging equipment. Dug out cellar. ND wellhead. NU BOP.
 07/01/15 Tagged cement plug @ 2907'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 2907-2545. Perf'd csg @ 2200'. Pressured up on perfs to 500 psi. Spotted 25 sx cement @ 2250-1888. WOC. Tagged plug @ 1897'. Perf'd csg 2 1510'. Pressured up on perfs to 500 psi. Spotted 25 sx cement @ 1560-1198. Pressured up on plug to 400 psi. WOC.
 07/02/15 Tagged plug @ 1188'. Perf'd csg @ 305'. Sqz'd 105 sx cement and circulated to surface. WOC. Verified cement at surface. Rigged down and moved off.
 07/06/15 Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen and cleaned location. 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:

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 07/07/2015

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

For State Use Only
 APPROVED BY: Mohy Brown TITLE Dist Supervisor DATE 7/13/2015
 Conditions of Approval (if any):

JUL 13 2015

dm