

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. 30-025-10577
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit
8. Well Number 361
9. OGRID Number 240974
10. Pool name or Wildcat Langlie Mattix; 7Rvrs-Queen-Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 INJECTION **HOBBS OCD**

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702 **DEC 08 2015**

4. Well Location
 Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line
 Section 34 Township 22S Range 37E NMPM County LEA **RECEIVED**

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 type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: UIC TESTING <input checked="" 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.

THIS WELL WAS DUE FOR BRADEN HEAD TEST ONLY ACCORDING TO OUR UIC TESTING REPORT BUT A PRESSURE TEST WAS DONE IN ERROR.

LEGACY RESERVES OPERATING LP RESPECTFULLY REQUESTS THIS PRESSURE TEST ALONG WITH THE BRADEN HEAD TEST REPORT BE ACCEPTED FOR RECORD.

07/15/15 - RAN MIT. PRESSURE CASING TO 580#, HELD FOR 30 MINS. WITNESSED BY GEORGE BOWER-NMOCD, CHART ATTACHED.

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 COMPLIANCE COORDINATOR DATE 12/02/2015 **G-13**

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

APPROVED BY: Bill Sanamala TITLE Staff Manager DATE 12/9/15

Conditions of Approval (if any):

DEC 11 2015 **M**

