

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

HOBBS OCO
 DEC 24 2015
 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.) | | WELL API NO. 30-025-31827 ✓ |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION | | Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED |
| 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 SOUTH JUSTIS UNIT "E" ✓ |
| 4. Well Location Unit Letter <u>E</u> : <u>2500</u> feet from the <u>NORTH</u> line and <u>1250</u> feet from the <u>WEST</u> line Section <u>24</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> ✓ | | 8. Well Number <u>200</u> ✓ |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 240974 |
| 10. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD | | 10. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD |

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 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: 5 YEAR MIT TEST-UIC PURPOSES <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.

08/13/15 - 5 YEAR MIT. PRESSURE CASING TO 557#, HELD FOR 30 MINS. 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. BB

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 12/21/2015

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

APPROVED BY: Bea Suramak TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016

cy

