

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  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

NOBBS OGD  
 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. 30-025-32239 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. 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 "G" ✓
4. Well Location Unit Letter <u>J</u> : <u>2250</u> feet from the <u>SOUTH</u> line and <u>2550</u> feet from the <u>EAST</u> line Section <u>13</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> ✓		8. Well Number <u>170</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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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"/>	
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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.

08/12/15 - 5 YEAR MIT. PRESSURE CASING TO 664#, 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. BS

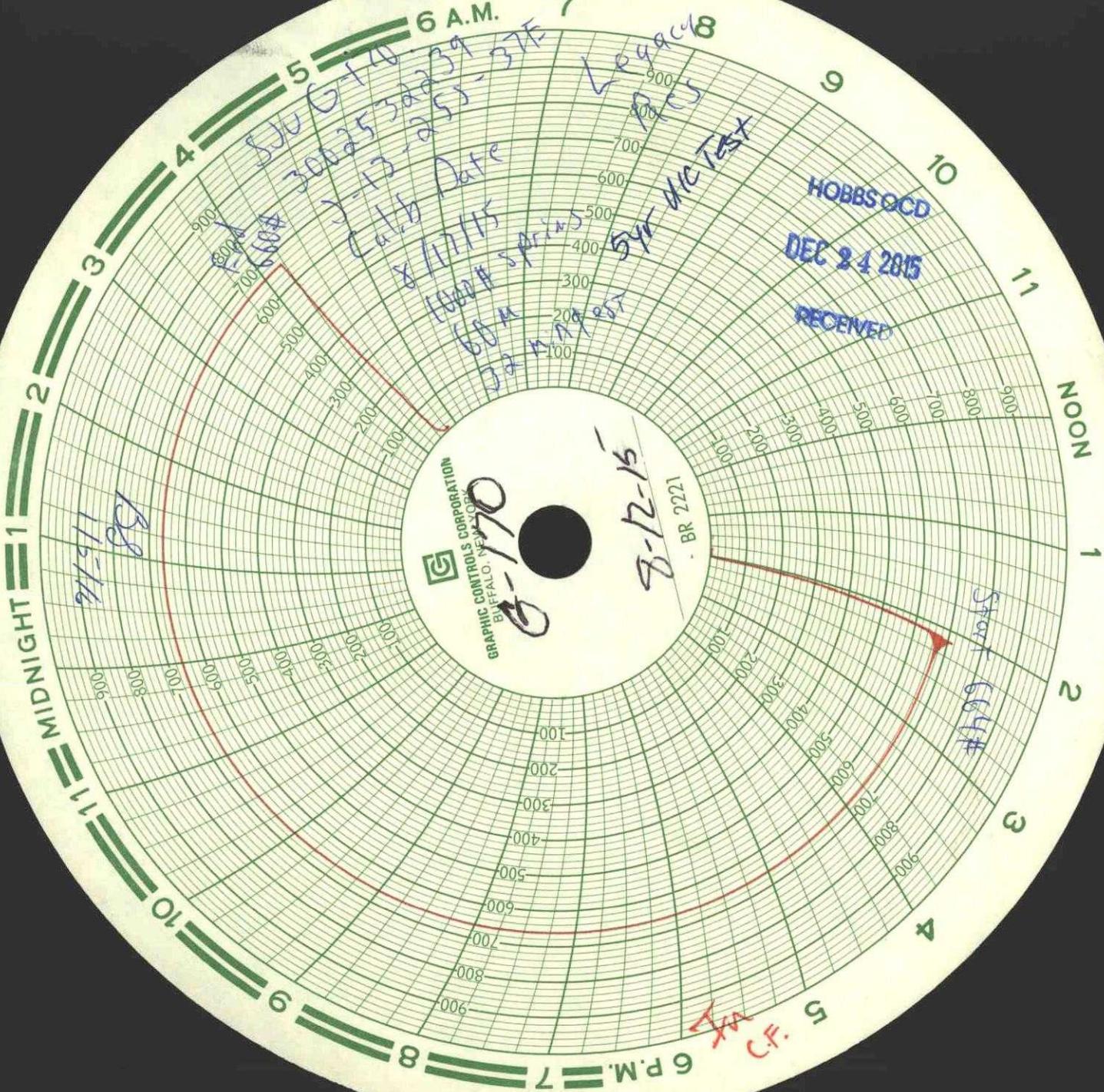
SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 12/21/2015

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

APPROVED BY: Bil Samanah TITLE Staff Manager DATE 1/5/16  
 Conditions of Approval (if any):

JAN 05 2016

*Handwritten initials*



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

8-170

8-12-15

BR 2221

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13-255-37E  
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Legacy  
5yr die test

HOBBSOCD

DEC 24 2015

RECEIVED

BS  
1/5/16

Start  
664#

TA  
C.F.

6 A.M.

6 P.M.

MIDNIGHT

MOON