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

HOBBS OCD
DEC 24 2015
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-32343

5. Indicate Type of Lease STATE ☒ FEE ☐ FED

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: SOUTH JUSTIS UNIT "G"

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION

8. Well Number 280

2. Name of Operator: LEGACY RESERVES OPERATING LP

9. OGRID Number: 240974

3. Address of Operator: PO BOX 10848, MIDLAND, TX 79702

10. Pool name or Wildcat: JUSTIS BLBRY-TUBB-DKRD

4. Well Location
Unit Letter G : 2500 feet from the NORTH line and 1350 feet from the EAST line
Section 36 Township 25S Range 37E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			OTHER: 5 YEAR MIT TEST-UIC PURPOSES	☒		

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.

09/11/15 – 5 YEAR MIT. PRESSURE CASING TO 600#, 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.

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

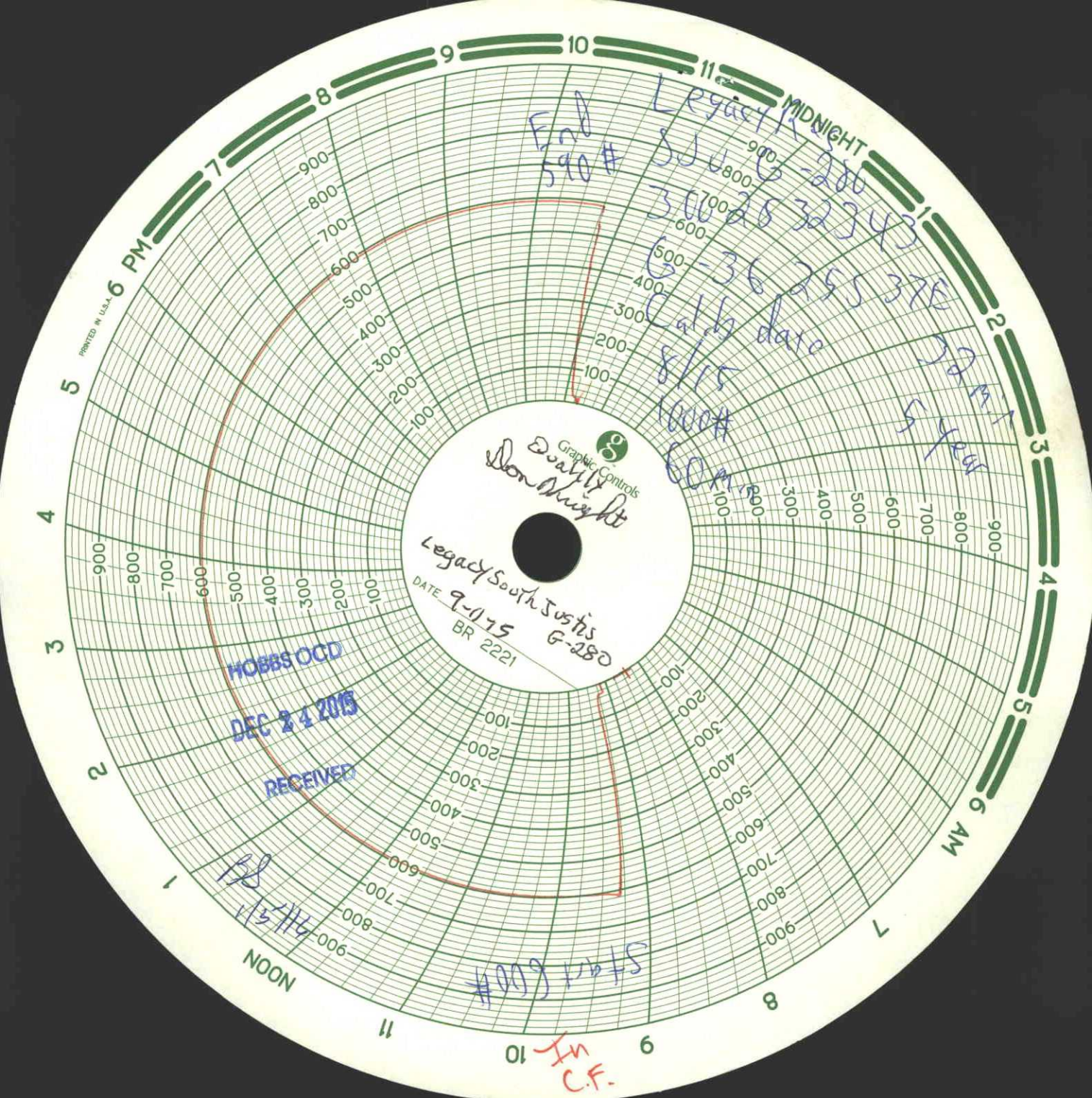
Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Lawrence TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016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