

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. 30-025-32404 ✓  
 3. Indicate Type of Lease  
 STATE  FEE  FED ✓  
 4. State Oil & Gas Lease No. \_\_\_\_\_  
 7. Lease Name or Unit Agreement Name  
 SOUTH JUSTIS UNIT "E" ✓  
 8. Well Number 132 ✓  
 9. OGRID Number 240974 ✓  
 10. Pool name or Wildcat  
 JUSTIS BLBRY-TUBB-DKRD ✓  
 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   
 2. Name of Operator  
 LEGACY RESERVES OPERATING LP ✓  
 3. Address of Operator  
 PO BOX 10848, MIDLAND, TX 79702 ✓  
 4. Well Location  
 Unit Letter L : 1200 feet from the SOUTH line and 1150 feet from the WEST line  
 Section 12 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

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

08/04/15 - 5 YEAR MIT. PRESSURE CASING TO 590#, 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 12/21/2015

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

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

Conditions of Approval (if any):

JAN 05 2016

*Handwritten initials and signatures*



DATE 8/4/15  
BR 2221

HOBBS OCD  
DEC 24 2015  
RECEIVED

PRINTED IN U.S.A. 6 PM  
L. J. G. S. South  
30-025-32404  
L-12-255-376  
Cal. b. Dem. - 2/4/15  
1000 #  
Smt - 590H  
end 590H  
38 min  
5yr UIC TEST  
Open Dem - OCD

auth hand

115116

JK

NOON

MIDNIGHT

6 AM