

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. 30-025-32633
 3. Indicate Type of Lease
 STATE FEE FED
 State Oil & Gas Lease No.
 7. Lease Name or Unit Agreement Name
 SOUTH JUSTIS UNIT
 8. Well Number 295
 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 D : 1100 feet from the NORTH line and 300 feet from the WEST 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 <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.

09/10/15 - 5 YEAR 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. GB

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: Bell Serrano TITLE Staff Manager DATE 1/5/16
 Conditions of Approval (if any):

JAN 05 2016

Handwritten initials and signature

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MIDNIGHT

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-800

-900

DATE

BR 2221

9/10/15

Graphic Controls



H0886000

DEC 24 2015

RECEIVED

Legacy South

JUSTIS # 2251
308-2025-0326333
308-2025-0326333
308-2025-0326333

D-36-255-376
DATE 10/01/15
308-2025-0326333

Start - 5/20/15
End - 5/20/15
308-2025-0326333

VIC TEST SVR
115 + 151 DIN

308-2025-0326333
308-2025-0326333
308-2025-0326333

PS 1/5/16

AP