

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. 30-025-32637 ✓  
 5. Indicate Type of Lease  
 STATE  FEE  FED   
 6. State Oil & Gas Lease No. \_\_\_\_\_  
 7. Lease Name or Unit Agreement Name  
 SOUTH JUSTIS UNIT "F" ✓  
 8. Well Number 282 ✓  
 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 F : 2550 feet from the NORTH line and 2580 feet from the WEST line ✓  
 Section 36 Township 25S Range 37E NMPM County LEA  
 RECEIVED  
 HOBBS OGD  
 DEC 24 2015

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.

09/17/15 - 5 YEAR MIT. PRESSURE CASING TO 595#, 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: Bill Semanah TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016  
 [Handwritten signatures]

MIDNIGHT

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-700

-800

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-1400

-1500

-1600

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-1900

-2000

Graphic Controls  
Quality Non-Drip

Legacy South Justice  
DATE 9-17-15  
BR 2221

HOBBSOCD

DEC 24 2015

RECEIVED

Legacy  
SJTU  
3102532637  
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