

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. 30-025-09646	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 306443	
7. Lease Name or Unit Agreement Name COOPER JAL UNIT	✓
8. Well Number 224	✓
9. OGRID Number 240974	
10. Pool name or Wildcat JALMAT; TANSILL-YATES-7RIVERS	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3309' KB	

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 INJECTOR

2. Name of Operator
LEGACY RESERVES OPERATING LP

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

4. Well Location
 Unit Letter C : 330 feet from the NORTH line and 2310 feet from the WEST line
 Section 25 Township 24S Range 36E NMPM County LEA

HOBBS OCD
 ✓ JAN 19 2016
 RECEIVED

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 for 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.

Reviewing options on well due to unsuccessful MIT.

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 01/14/2016

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

For State Use Only

APPROVED BY: Beth Benavente TITLE Staff Manager DATE 1/19/16

Conditions of Approval (if any):

JAN 20 2016

BS

OK

MIDNIGHT

Legacy CJU #224

API # 3082509646

Calib Date 12/22/14

1000# Springs

Calib by American Valve Meter

Bronco Transport

Test Date 5/13/15

Yearly PIET Test

Start 540A

End 260A

Job in Test

Graphic Controls

224

DATE BR 2221

BS 1/19/16

NOON

2

1

3

4

5

6 PM

7

8

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10

11

1

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