

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. 30-005-01070	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name DRICKEY QUEEN SAND UNIT	✓
8. Well Number 40	✓
9. OGRID Number 240974	✓
10. Pool name or Wildcat CAPROCK; QUEEN	
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 **HOBBS OGD**

2. Name of Operator
LEGACY RESERVES OPERATING LP ✓ **MAR 09 2016**

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

4. Well Location
 Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line ✓
 Section 16 Township 14S Range 31E NMPM County CHAVES

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

NOTICE OF INT		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	INT TO PA	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	P&A NR <u>PM</u> ✓	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	P&A R _____	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/>			
OTHER: _____			

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.

02/23/16 MIRU plugging equipment. Dug out cellar. ND wellhead & NU BOP. POH w/ 59 jts tbg.
 02/24/16 Finish POH w/ tbg. Left fish in hole @ 2760'. Spot'd 25 sx cmt @2760-2550. WOC. No Tag. Re-spot 25 sx @ 2760-2550. WOC.
 02/25/16 No Tag. Pump MLF, no circulation. Pump 2 sx LCM w/ 25 sx cmt w/ 29% CACL @ 2760. WOC.
 02/26/16 No Tag. RIH w/ guage ring to 2760'. RIH & set CIBP @ 2750'. Load hole w/ MLF. Spot 25 sx cmt w/ 2% CACL @ 2039-1799. WOC.
 02/29/16 Tag cmt @ 1885'. Perf csg @ 1250'. Sqz 40 sx cmt w/ 2% CACL @ 1250'. WOC. Tagged plug @ 1120'. Perf csg @ 225'. ND BOP. Sqz'd 70 sx cmt @ 225- Surface.
 03/01/16 Riggged Down, cleaned location, and moved off.
 03/03/16 Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen and moved off.
 Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

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 03/07/2016

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

APPROVED BY: Mahele Pittaker TITLE Petroleum Engr. Specialist DATE 03/10/2016
 Conditions of Approval (if any): **MAR 15 2016**