

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-005-00936	✓
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 ROCK QUEEN UNIT	✓
8. Well Number 87	✓
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 INJECTOR **HOBBS OCD**

2. Name of Operator
LEGACY RESERVES OPERATING LP ✓

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702 **MAR 21 2016**

4. Well Location
Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line
Section 36 Township 13S Range 31E NMPM County CHAVES **RECEIVED**

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: PACKER REPAIR

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 Ran MIT, pressure casing to 600#, held. Witnessed by Carl Flowers-OCD, chart attached.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for 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 03/18/2016

Type or print name

LAURA PINA

E-mail address: lpina@legacylp.com

PHONE: 432-689-5200

For State Use Only

APPROVED BY:

Bill Samamah

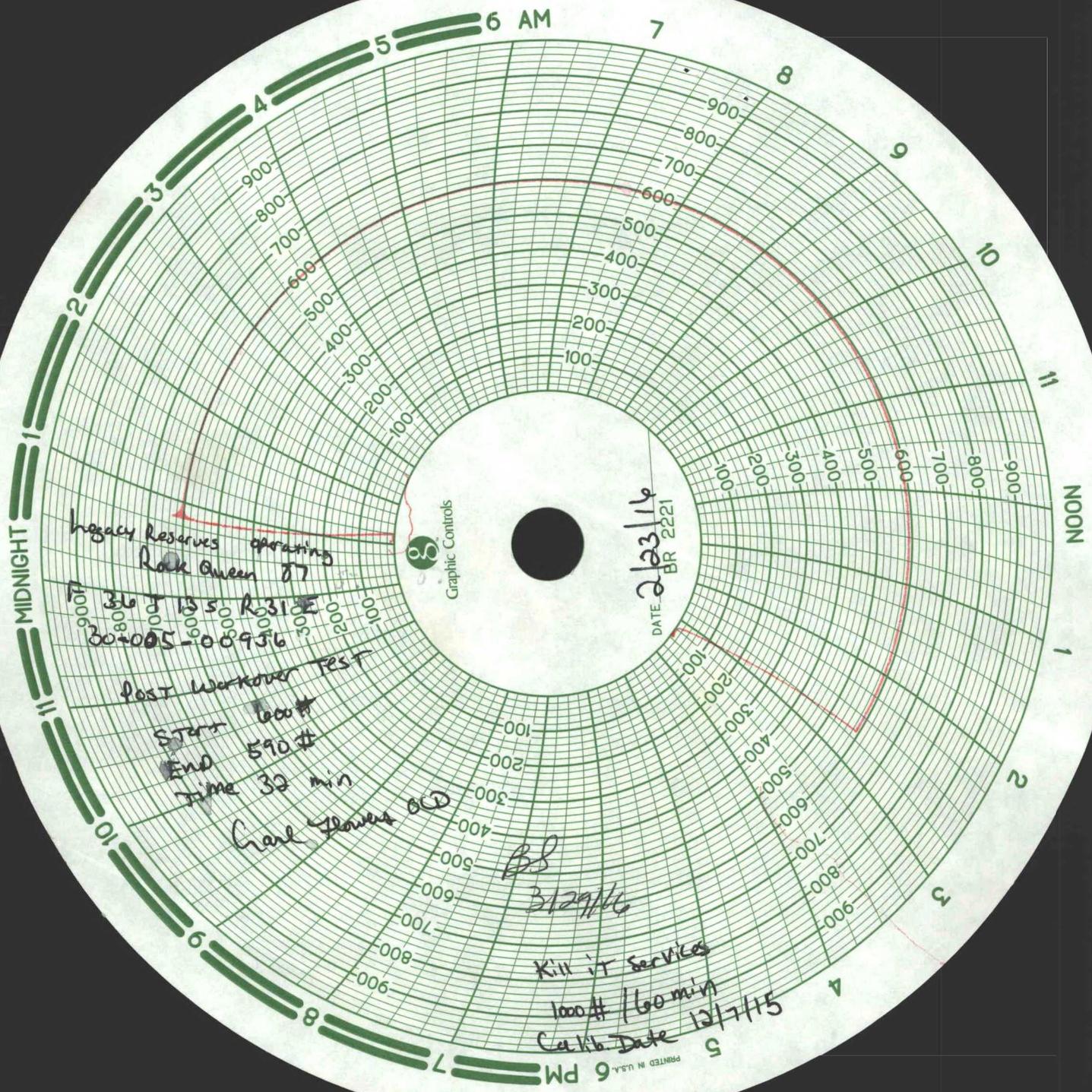
TITLE Staff Manager

DATE 3/29/16

Conditions of Approval (if any):

MAR 30 2016

[Signature]



Legacy Reserves operating
 Rank Queen 87

363 155 R31E
 30+005-00956

POST WORKOVER TEST

START 600#
 END 590#
 TIME 32 min

Chad Flowers O/D

BS
 3/29/16

Kill it services
 1000# / 60 min
 Calc Date 12/7/15

DATE 2/23/16
 BR 2221



Graphic Controls