

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

HOBBS OCO
 JUN 13 2016
 RECEIVED

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

WELL API NO. 30-005-00851
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
8. Well Number 62
9. OGRID Number 240974
10. Pool name or Wildcat CAPROCK; QUEEN

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 L : 1980 feet from the SOUTH line and 660 feet from the WEST line
 Section 25 Township 13S Range 31E NMPM County CHAVES

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.

05/16/16 – 5 YEAR MIT. PRESSURE CASING TO 570#. 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.

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 06/09/2016

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

For State Use Only
 APPROVED BY: Marys Brown TITLE Dist Supervisor DATE 6/14/2016
 Conditions of Approval (if any):

Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>		API Number <i>30-005-00851</i>
Property Name <i>Rock Queen</i>		Well No. <i>62</i>

Surface Location

UL - Lot <i>L</i>	Section <i>26</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <i>5/16/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	ϕ	NA	NA	ϕ	850
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	CO2 <input checked="" type="checkbox"/> X
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/> X
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

HOBBS OCD

JUN 13 2016

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Signature: <i>Joseph B. Soto</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph B. Soto</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/16/16</i>	Phone:
Witness: <i>[Signature]</i>	