

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1285
 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

NM NMSD OGD
 JUN 13 2016
 RECEIVED

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

WELL API NO. 30-005-00933	✓
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 92	✓
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

2. Name of Operator
LEGACY RESERVES OPERATING LP

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

4. Well Location
 Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line
 Section 36 Township 13S Range 31E NMPM County CHAVES

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: 5 YEAR MIT TEST-UIC PURPOSES

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.

05/20/16 - 5 YEAR MIT. PRESSURE CASING TO 550#. 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):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>	API Number <i>30-005-00933</i>
Property Name <i>Fossil Quered</i>	Well No. <i>92</i>

7. Surface Location

UL - Lot <i>M</i>	Section <i>36</i>	Township <i>135</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	-------------------------

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR INJ	SWD	OIL	PRODUCER GAS	DATE <i>5/20/16</i>
------------------	-------------------------------------	----------------	-------------------------------------	-----------------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>d</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>700</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	
Water	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> 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

RECEIVED

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>5/20/16</i>	Phone:
Witness: <i>[Signature]</i>	