

HOBBS OGD JUN 13 2016 RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

WELL API NO. 30-005-29149
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 305
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 D : 580 feet from the NORTH line and 720 feet from the WEST line
Section 26 Township 13S Range 31E NMPM County CHAVES

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- 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.

05/17/16 - 5 YEAR MIT. PRESSURE CASING TO 580#. 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

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>30-008-29149</i>
Property Name <i>Rock Queen</i>		Well No. <i>305</i>

7. Surface Location

UL - Lot <i>D</i>	Section <i>26</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>580</i>	N/S Line <i>N</i>	Feet From <i>720</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>5/17/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>ϕ</i>	<i>NA</i>	<i>NA</i>	<i>ϕ</i>	<i>1000</i>
<u>Flow Characteristics</u>					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input checked="" type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies.

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. Job</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph B. Job</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/17/16</i>	Phone:
Witness: <i>[Signature]</i>	