

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 OGD**  
**JUN 13 2016**  
**RECEIVED**

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		WELL API NO. 30-005-29161
2. Name of Operator LEGACY RESERVES OPERATING LP		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>1310</u> feet from the <u>NORTH</u> line and <u>850</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u>		7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
		8. Well Number <u>703</u>
		9. OGRID Number <u>240974</u>
		10. Pool name or Wildcat CAPROCK; QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 5 YEAR MIT TEST-UIC PURPOSES <input checked="" type="checkbox"/>	
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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.

05/18/16 – 5 YEAR MIT. PRESSURE CASING TO 560#. 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)

PRINTED IN U.S.A.

6 PM

MIDNIGHT

NOON

6 AM



Graphic Controls

DATE

5/18/16

BR 2221

RECEIVED JUN 13 2016  
NOVASSOCD

LESLIE'S RESERVES  
Robert B. [Signature]

30 min  
30-005-05161  
D-31-13-31  
DATE: 5/18/16  
Rock Creek # 703  
Legend  
Pulsar



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>30-005-29161</i>
Property Name <i>Rock Guard</i>	Well No. <i>703</i>

7. Surface Location

UL - Lot <i>D</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1310</i>	N/S Line <i>N</i>	Feet From <i>850</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	NO <input checked="" type="radio"/>	SHUT-IN YES	NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/>	SWD	OIL	PRODUCER GAS	DATE <i>5/18/16</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\emptyset$	<i>NA</i>	<i>NA</i>	$\emptyset$	$\emptyset$
<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

RECEIVED

Signature: <i>Joseph B. Sato</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph B. Sato</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/18/16</i>	Phone:
Witness: <i>John Bawa</i>	