

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBS OGD JUN 13 2016 RECEIVED

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

WELL API NO. 30-025-00309
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
8. Well Number 70
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 [X]
2. Name of Operator LEGACY RESERVES OPERATING LP
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702
4. Well Location Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line
Section 30 Township 13S Range 32E NMPM County LEA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: 5 YEAR MIT TEST-UIC PURPOSES [X]

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 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

PRINTED IN U.S.A.

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

BRADENHEAD TEST REPORT

| | |
|------------------------------------|-----------------------------------|
| Operator Name <i>Legacy</i> | API Number <i>30-025-00309</i> |
| Property Name <i>Rock Queen</i> | Well No. <i>70</i> |

7. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|-----------|------------|------------|------------|----------|------------|----------|------------|
| <i>D</i> | <i>30</i> | <i>13S</i> | <i>32E</i> | <i>660</i> | <i>N</i> | <i>660</i> | <i>W</i> | <i>LEA</i> |

Well Status

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

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csmg | (E)Tubing |
|-----------------------------|-------------|--------------|--------------|--------------|--|
| Pressure | \emptyset | <i>N/A</i> | <i>N/A</i> | \emptyset | <i>1200</i> |
| Flow Characteristics | | | | | |
| 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 Injected for Waterflood if applies. |
| Gas or Oil | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |

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>5/16/16</i> | Phone: |
| Witness: <i>George Jones</i> | |