

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

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

WELL API NO. 30-025-05234
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 LEA G STATE
8. Well Number 5
9. OGRID Number 240974
10. Pool name or Wildcat DENTON WOLFCAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3811' GL

**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  **HOF - OCD**

2. Name of Operator  
LEGACY RESERVES OPERATING LP **MAY 27 2016**

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

4. Well Location  
 Unit Letter I : 1980 feet from the SOUTH line and 330 feet from the EAST line  
 Section 2 Township 15S Range 37E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: MIT FOR TA <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.

05/11/16 Ran MIT, pressure casing to 560#, held. Witnessed by George Bower-NMOCD, chart attached. Well is now TA'd.

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 05/25/2016

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

**For State Use Only**

APPROVED BY: *George Bower* TITLE Compliance Officer DATE 6/24/16  
 Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON



Graphic Controls



DATE 5/11/16  
BR 2221

Lee G. St. #25

30-025-05234  
T-2-155-37E  
CAL. DATE - 12/7/15  
1000H

START - 560 H  
END - 520 H  
37 min

*[Handwritten signature]*

PH Services

HOBBS OCD

MAY 27 2016

RECEIVED

*[Handwritten signature]*

