

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

HOBBS OGD

Energy, Minerals and Natural Resources

Revised July 18, 2013

MAY 27 2016

RECEIVED

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

WELL API NO. 30-005-01024
5. Indicate Type of Lease STATE [] FEE [] FED [x]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DRICKEY QUEEN SAND UNIT
8. Well Number 26
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 A : 660 feet from the NORTH line and 660 feet from the EAST line
Section 10 Township 14S 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 [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.

05/18/16 - 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 [Signature] TITLE COMPLIANCE COORDINATOR DATE 05/23/2016

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

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6/24/16
Conditions of Approval (if any):

MAY 27 2016

BRADENHEAD TEST REPORT

Operator Name <i>Legacy</i>		API Number <i>30-003-01029</i>	
Property Name <i>Dickey Queen Sand</i>		Well No. <i>26</i>	

7. Surface Location

UL Lot <i>A</i>	Section <i>10</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	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	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>450</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
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.

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:	<i>JS</i>
Date: <i>5/18/16</i>	Phone:
Witness: <i>[Signature]</i>	