

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  
**HOBBS OCD**  
**JUL 13 2016**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-005-29155 ✓	
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 310 ✓	9. OGRID Number 240974 ✓
10. Pool name or Wildcat CAPROCK; QUEEN ✓	
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>2100</u> feet from the <u>WEST</u> line Section <u>24</u> Township <u>13S</u> Range <u>31E</u> NMPM County <u>CHAVES</u> ✓	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4405' GL	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <input 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.

Rigged up on well for high casing pressure. Pulled injection equipment, tested for casing leak; found none. Ran injection equipment. Set packer @ 3006'. Perform MIT.

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 OPERATIONS ENGINEER DATE 07/11/2016

Type or print name JOHN SAENZ E-mail address: jsaenz@legacylp.com PHONE: 432-689-5200

**For State Use Only**  
 APPROVED BY: [Signature] TITLE Dist Supervisor DATE 7/14/2016  
 Conditions of Approval (if any):

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

6-24-16

BR 2221

LEGACY RESERVES  
ROCK QUEEN UNIT #310  
UNIT #311  
API # 30-005-29155  
SEC. 24-T-13S-R-31E

6:25  
START

STATUS

Dynamic

HOBBS OCD

JUL 13 2016

RECEIVED

6:20#  
FINAL

LEGACY RESERVES  
CALIB. 2/17/2016  
1.000# / 60 min

*[Handwritten signature]*

