

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1282
 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 OCD
RECEIVED
 JUN 22 2017

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

WELL API NO. 30-025-31778
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT "E"
8. Well Number 180
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD

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 M : 998 feet from the SOUTH line and 400 feet from the WEST line
 Section 13 Township 25S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENT		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHAN <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULT <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input checked="" 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.

06-09-17 Move equipment to location. RUWSU.
 06-10-17 L/D production tbg.
 06-12-17 RIH GR for 5 1/2 csg to 5050'. RIH CIBP on tbg to 5050'. Plug didn't want to set. Worked tool up hole and down. After setting plug, attempted to load csg/test csg. Would not load.
 06-13-17 POH tbg. RIH w/wireline conveyed CIBP and set plug at 5050'. RIH 2-3/8" workstring and tag BP. Test csg. Slight leak off.
 06-14-17 Circulate 10# salt gel mud. Spot 25 sx plug @ 5050'-4803'. Spot 25 sx cement at 3300'-3053'. L/d 10 jts. Reverse clean tbg. Put 500 psi pump pressure on well. WOC overnight.
 06-15-17 Tag top of cement at 3050'. Pressure test csg to 600 #'s. Held. Spot 25 sx @ 2405'-2158'. Spot 25 sx @ 1054-807' w/3% cacl2. WOC. Tag @ 800'. Circulate 20 sx @ 200'-surface. NDBOP. Top off well. Total of 90 sacks. Rig down and move out well service unit and P&A equipment.
 Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms. Restoration Due By 06-14-2018

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 06/20/2017

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

For State Use Only

APPROVED BY: Mark E. Suter TITLE P.E.S. DATE 06/22/2017

Conditions of Approval (if any):