

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

HOBBS OCD
 JUN 22 2017
 RECEIVED

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

WELL API NO. 30-025-32331	
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 Wild Turkey "10" State	
8. Well Number 1	
9. OGRID Number 240974	
10. Pool name or Wildcat Livingston Ridge; Delaware, East	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3792.4 GR	

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

2. Name of Operator
LEGACY RESERVES OPERATING LP /

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

4. Well Location
 Unit Letter L : 1980 feet from the South line and 330 feet from the West line
 Section 10 Township 22S Range 32E NMPM County Lea

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

<p style="text-align: center;">NOTICE OF INT</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
--	---

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.

05-31-17 Move equipment to location. **06-01-17** RUWSU. L/D Rods & Pump. **06-02-17** L/D 2-7/8" production tbg. **06-03-17** RIH GR for 5 1/2 csg to 7130'. Set CIBP at 7120'. **06-05-17** RIH 2-3/8" workstring. **06-06-17** Circulate 10# salt gel mud. Spot 25 sx plug @ 7120'-6873'. **06-07-17** Cut 5 1/2 csg @ 4650'. **06-08-17** L/D 5 1/2 csg. **06-09-17** RIH tbg to 4756'. Circulate salt gel mud. Spot 35 sx plug @ 4756'-4556'. **06-12-17** Tag TOC @ 4551'. Set pkr @ 1956'. Test csg below pkr to 500 #'s. Held. Perforate 8-5/8" csg @ 2210'. Pressure up on perfs to 800 #'s with pump. No rate. No leak off. Update Mark Whitaker. Spot 35 sx @ 2275'-2145'. **06-13-17** Tag top of cement @ 2148'. Set pkr at 902'. Perf 8-5/8" csg @ 1170'. Sqz 60 sx +3% CaCl2 @ 1170'-1070'. WOC & Tag @ 1037'. Isolate csg leaks at 32' to surface. **06-14-17** Perf 8-5/8" csg @ 135'. Pkr @ 32'. Mix and pump cement from 135' to surface circulating 8-5/8" csg, release pkr, and fill 8-5/8" csg with cement. L/D pkr. 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 06-13-2018

Spud 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@legacylp.com PHONE: 432-689-5200

For State Use Only
 APPROVED BY: *Mark Whitaker* TITLE P.E.S. DATE 06/22/2017

Conditions of Approval (if any):