

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 87422
 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

HOBBS OCD RECEIVED JUN 28 2018

WELL API NO. 9-025-30848
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HAMON FEDERAL COM
8. Well Number #1
9. OGRID Number 240974
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3610'

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 SWD

2. Name of Operator
LEGACY RESERVES OPERATING LP

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

4. Well Location
 Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line
 Section 7 Township 20S Range 34E NMPM County LEA

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.

Repair hole in tubing. Ran MIT, pressure casing to 525#, held. NMOCD contacted but unable to witness, chart attached. Return well to injection.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for 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 06/25/2018

Type or print name Laura Pina E-mail address: lpina@legacylp.com PHONE: 432-689-5273

For State Use Only

APPROVED BY: Maley Brown TITLE AO/I DATE 6/28/2018

Conditions of Approval (if any):

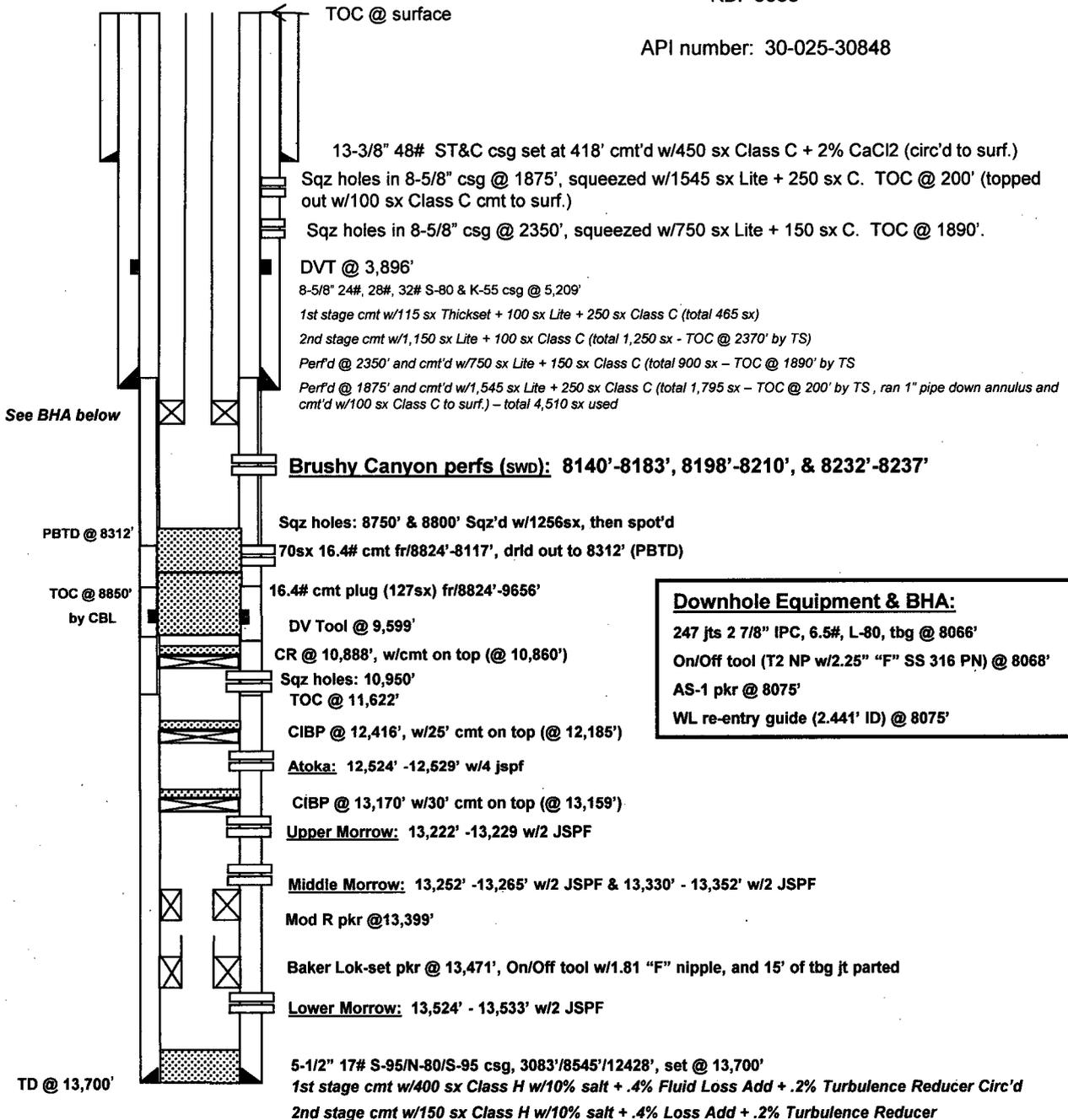
RBDMS-CHART-✓



FIELD: QUAIL RIDGE (ATOKA)
 LEASE: HAMON FEDERAL COM
 COUNTY: LEA
 STATE: NEW MEXICO
 WELL: 1
 LOCATION: 1980' FEL & 660' FNL,
 Sec. 7, T20S, R34E

GL: 3610'
 KB: 3633'

API number: 30-025-30848



Downhole Equipment & BHA:
 247 jts 2 7/8" IPC, 6.5#, L-80, tbg @ 8066'
 On/Off tool (T2 NP w/2.25" "F" SS 316 PN) @ 8068'
 AS-1 pkr @ 8075'
 WL re-entry guide (2.441' ID) @ 8075'

DATE: 01/18/17 DPD

