

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 August 1, 2011

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

HOBBS OCD
RECEIVED
 JUN 03 2019

WELL API NO. 30-025-20547
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
8. Well Number B-12
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS; BLINEBRY-TUBB-DRINKARD

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other INJECTION

2. Name of Operator
LEGACY RESERVES OPERATING LP

3. Address of Operator
P.O. BOX 10848 MIDLAND, TX 79702

4. Well Location
 Unit Letter F : 1650 feet from the NORTH line and 2310 feet from the WEST line
 Section 11 Township 25S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3170' DR

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 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"/>			
OTHER: <input type="checkbox"/>		OTHER: 2018 UIC-5 YEAR MIT TEST <input checked="" 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.

2018 UIC 5 year MIT failed, well had HIT. Well has been repaired and re-tested.

05/06-09/19 MIRU. Repair HIT and return well to injection.

05/22/19 Ran MIT, pressure casing to 540#. Witnessed by Kerry Fortner-OCD, 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 Laura Pina TITLE Compliance Coordinator DATE 05/30/2019

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-3-19
 Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

JUN 03 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Legacy Reserves		API Number 300 252 0547	
Property Name South Justice Unit		Well No. B-72	

Surface Location									
UL - Lot F	Section E-27	Township 25S	Range 37E	Feet from N	N/S Line 1650	Feet From W	E/W Line 2310	County Lea	

Well Status									
TA'D WELL YES	<input type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE 5-22-19	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	NA	NA	0	610 NO INJ
Flow Characteristics					
PuT	Y / 0	Y / N	Y / N	0 / N	CO2 —
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR —
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS —
Down to nothing	0 / N	Y / N	Y / N	0 / N	Type of Fluid
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	Injected for
Water	Y / 0	Y / N	Y / N	Y / 0	Water used if applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

POST WORKOVER
Return to Injection
Bens Oilfield Service
SEL# BM 5827 CAL 2/18/19

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test XJ
E-mail Address:	
Date: 5-22-19	Phone:
Witness: Kerry Fortner - OCD	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM