

WELL API NO.

30-025-25376

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

~~SOUTH JUSTIS UNIT #1~~

State 4

8. Well Number 240 10

9. OGRID Number 240974

10. Pool name or Wildcat

JUSTIS BLINBRY TUBB DRINKARD

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 INJECTOR

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

P. O. BOX 10848 MIDLAND, TEXAS 79702

4. Well Location

Unit Letter H : 2310 feet from the NORTH line and 990 feet from the EAST line

Section 25 Township 25S Range 37E NMPM County LEA

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water

Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☒COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: FIRST INJECTION ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

DATE OF FIRST INJECTION 8/1/2006, RATE 250 BWIPD AT 0#

R- 9747

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

Kent Williams

TITLE

Petroleum Engineer

DATE

9/8/06

Type or print name

Kent Williams

E-mail address:

Telephone No. (432) 682-2516

For State Use Only

APPROVED

BY:

Kent Williams

TITLE

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

SEP 19 2006

Conditions of

Approval (if any):