1625 N French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		Form C-10 May 27, 200
District II	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-025-31828 5. Indicate Type of Lease STATE FEE
87410 <u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
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)			7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT E
1. Type of Well: Oil Well Gas Well Other X		8. Well Number 210	
Name of Operator LEGACY RESERVES OPERATING LP			9. OGRID Number 240974 /
Address of Operator P.O. BOX 10848 MIDLAND, TX 79702 4. Well Location			10. Pool name or Wildcat JUSTIS-BLINEBRY-TUBB-DRINKARD
Unit LetterL:2500feet_from theSOUTH line and150feet_from theWESTline.			
Section 24 Township T25S Range R37E NMPM LFA County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3083' GR			
Pit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material			
bbis, Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSE			SEQUENT REPORT OF:
	AND ABANDON ☐ GE PLANS ☐	REMEDIAL WORK COMMENCE DRIL	☐ ALTERING CASING ☐
	PLE COMPL	CASING/CEMENT	
OTHER: ☐ OTHER: Mechanical Integrity Test☑			
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.			
6/4/08 Pressure tested to 490#	, held 60 mins. Chart	attached	F002 & UNN
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any alternative OCD-approved plan.			
SIGNATURE Bluy Mm TITLE: Production Superintendent DATE: 6/5/08			
Type or print name For State Use Only	E-mail address:	Т	elephone No. (432) 689-5200
APPROVED BY: Conditions of Approval (if any):	TITLE PETROLE	JM ENGINEER	JUN 2 0 2008

