

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

OCT 07 2008

HOBBS (C)

WELL API NO.

30-025-31825

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement

Name

SOUTH JUSTIS UNIT

8. Well Number D-190

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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other X 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 A : 200 feet from the NORTH line and 1100 feet from the EAST line.
Section 23 Township 25S Range 37E NMPM LEA County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3092' GRPit 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: ☒ 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.

9/25/08 Pressure tested to 390#, held 30 mins. OK. Chart attached. Witnessed by Sylvia Dickey.

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 Berry Johnson TITLE: Production Superintendent DATE: 10/6/08Type or print name Berry Johnson

E-mail address:

Telephone No. (432) 689-5200

For State Use Only

APPROVED

BY: Camille Hill

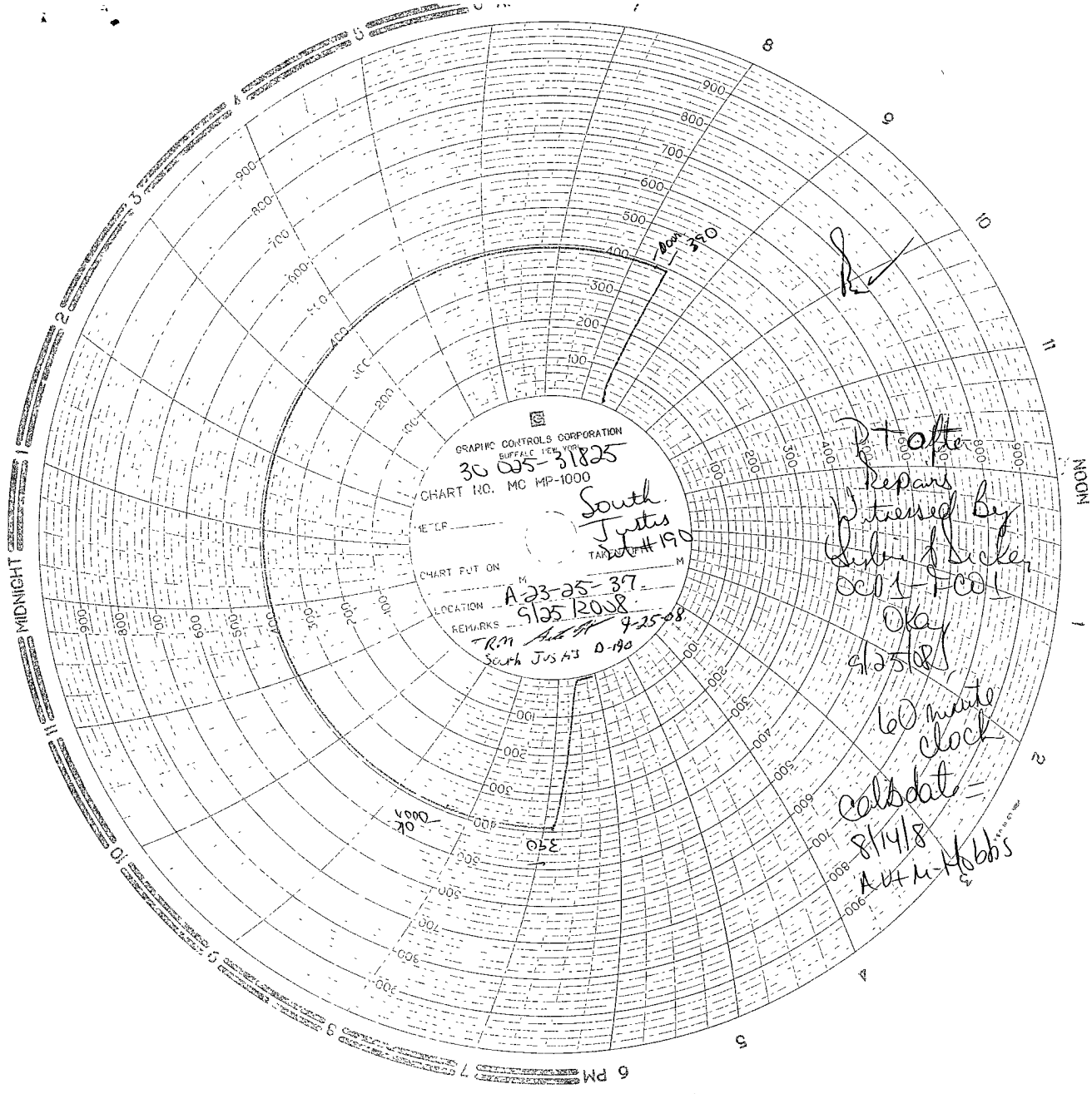
TITLE

DATE

Conditions of Approval (if any):

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 08 2008



GRAPHIC CONTROLS CORPORATION
BUFFALO, N.Y.

30 025-31825

CHART NO. MC MP-1000

South
Juts
TAP #190

CHART PUT ON

A 23-25-37

LOCATION

9125 R008

REMARKS

R.M. 4-25-08

South Juts 43 0-190

h
P+off
Repairs
Went by
Sub of Sicks
Oct 1 - FOL

Ok
9/25/8

60 minute
clock

calstat =

8/14/8
A.H. Hobb's