Submit 3 Copies To Appropriate District Office District I 1625 N French Dr., Hobbs, NM 88240 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004 WELL API NO. /
District II 1301 W. Grand Ave , Artesia, NO CONSERVATION DIVISION 88210 District III 1000 Rio Brazos Rd , Aztec, NM OCT 3 0 2009 Santa Fe, NM 87505	30-025-25376 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
87410 District IV 1220 S St. Francis Dr., Santa FEIOBBSOCD 87505	
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 H
1. Type of Well: Oil Well Gas Well Other INJECTOR	8. Well Number 240
Name of Operator LEGACY RESERVES OPERATING LP	9. OGRID Number 240974
Address of Operator P.O. BOX 10848 MIDLAND, TX 79702	10. Pool name or Wildcat JUSTIS-BLINEBRY-TUBB-DRINKARD
4. Well Location Unit Letter H: 2310 feet from the NORTH line and 990 feet from the EAST line.	
Unit Letter H: 2310 feet from the NORTH line and Section 25 Township T25S Range R37E	NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR,	
3059' GR Pit or Below-grade Tank Application □ or Closure □	
Pit typeDepth to GroundwaterDistance from nearest frsh water wellDistance from nearest surface	
water	
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB []
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.	
10/1/09 – 10/5/09 – RU, ND wellhead, install BOP. POOH w/ tbg & pkr. RU tester to test tbg in hole. RD tester. NDBOP. Circulate pkr fluid, set pkr & test csg to 500#, held OK. RDMO. ** *** *** *** *** *** *** *** *** **	
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)	
SIGNATURE TITLE: PRODUCTION SUPERINTENDENT DATE 10/29/09 Type or print name BERRY JOHNSON E-mail address: Telephone No. (432)689-5200	
APPROVED DISTRICT 1 SUPERVISOR NOV 0 2 2000	
BY:	

