

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

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HOBBSOCD

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

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)		WELL API NO. 30-025-23961 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
2. Name of Operator Legacy Reserves Operating LP ✓		6. State Oil & Gas Lease No. B-1258-1
3. Address of Operator PO Box 10848, Midland, TX 79702		7. Lease Name or Unit Agreement Name: New Mexico AE State ✓
4. Well Location Unit Letter H : 1850 feet from the North line and 550 feet from the East line Section 11 Township 18-S Range 34-E NMPM County Lea ✓		8. Well No. 24 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 4007' KB: 4019'		9. OGRID Number 240974 ✓
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Vacuum; ABO Reef ✓
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:		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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/01/10 Clear off brush on location. MIRU rig and cementing equipment. Dig out cellar. NU BOP. Picj up work string and RIH to 8100'. No Plug. Pump 50 BBLS. mud laden fluid. Spot 20 sx cement. Pull out of cement. SDFN.
07/02/10 Tagged plug @ 7580'. POH to 6600'. Pumped 40 BBLS of mud laden fluid. Spot 25 sx cement. POH to 4850'. SDFN.
07/05/10 Spot 50 sx cement plug @ 4850-4500. Lay down tbg. Perf. csg. @ 3300'. RIH w/ Packer to 2900'. Get pump in rate of 1500 psi. Sqz'd 30 sx cement. WOC & tagged plug @ 3157'. POH to 1500'. Perf'd casing @ 1860'. Could not pump into. RIH w/ tbg to 1910'. Spot 25 sx cement. WOC and tagged plug @ 1650'. POH w/ packer and tbg. RIH open ended to 400'. Circulated cement to surface w/ 50 sx cement.
07/06/10 Rigged down moved off.
07/13/10 Moved in backhoe and welder. Dig out cellar. Cut off well head and weld on Dry Hole Marker. Back fill cellar. cut off dead men and clean location. Move off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

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 07/15/10

Type or print name Berry Johnson

E-mail address:

Telephone No. 432-689-5200

For State Use Only

APPROVED BY [Signature] TITLE STAFF DATE 7-19-10

Conditions of Approval (if any):

P.M.