

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-31804

5. Indicate Type of Lease

STATE ☐ FEE ☒

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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ inj

2. Name of Operator LEGACY RESERVES OPERATING LP

3. Address of Operator P.O. BOX 10848
MIDLAND, TX 79702

4. Well Location

Unit Letter L: 1350 feet from the SOUTH line and 280 feet from the West line.

Section 24 Township T25S Range R37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3073' GR

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: ☐

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.

ESTIMATED START DATE 11/8/10.

Due to a failed MIT on 10/14/10, we intend to RU & repair packer or tubing in this well.

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: 11/1/10

Type or print name Berry Johnson

E-mail address:

Telephone No. (432) 689-5200

For State Use Only

APPROVED

BY: [Signature] TITLE STAFF MGR DATE 11-22-10

Conditions of Approval (if any):