

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

OIL CONSERVATION DIVISION

RECEIVED

NOV 29 2010

HOBBSUCD

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-32408 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT ✓
8. Well Number H-280 ✓
9. OGRID Number 240974 ✓
10. Pool name or Wildcat JUSTIS-BLINEBRY-TUBB-DRINKARD ✓

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

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 ☒ Try ✓

2. Name of Operator LEGACY RESERVES OPERATING LP ✓

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

4. Well Location
Unit Letter H : 2590 feet from the NORTH line and 150 feet from the East line.
Section 36 Township T25S Range R37E NMPM LEA County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3036' GR

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 checked="" 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <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.

ESTIMATED START DATE 11/10/10.

Due to a failed MIT on 10/15/10, 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: 11-30-10
Conditions of Approval (if any): _____