

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 88201
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
DEC 06 2010
HOBBSOCD
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-31967
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT C
8. Well Number 202
9. OGRID Number 240974
10. Pool name or Wildcat JUSTIS-BLINBRY-TUBB-DRINKARD

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator LEGACY RESERVES OPERATING LP	
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702	
4. Well Location Unit Letter: <u>G</u> : <u>2500</u> feet from the <u>NORTH</u> line and <u>2350</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p>	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ESTIMATED START DATE: 12/1/10

**Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart**

Due to failed MIT performed on 10/14/10, we intend to RU & change out wellhead packing.

**Per Underground Injection Control Program Manual
11.6.C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Berry Johnson TITLE Production Superintendent DATE 11/24/10

Type or print name Berry Johnson E-mail address: _____ PHONE: 432-689-5200

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 12-6-10

Conditions of Approval (if any):