

Submit 1 Copy 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
October 13, 2009

RECEIVED
JAN 05 2011
HOBBSOCD

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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.)		WELL API NO. 30-025-31967
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJ. <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 10848 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT C
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		8. Well Number <u>202</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 240974
		10. Pool name or Wildcat JUSTIS-BLINBRY-TUBB-DRINKARD

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ESTIMATED START DATE: 1/4/11

Due to failed MIT performed on 12/30/10, we intend to RU & change out packer.

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.

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

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 12/30/10

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

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 1-6-2011

Conditions of Approval (if any):