

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

RECEIVED CONSERVATION DIVISION

MAR 28 2011 1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBSUCD

WELL API NO. 30-025-26872	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 JALMAT YATES UNIT	
8. Well Number 28	9. OGRID Number 240974
10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rivers	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u>
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>2540</u> feet from the <u>NORTH</u> line and <u>2530</u> feet from the <u>EAST</u> line Section <u>13</u> Township <u>T25S</u> Range <u>R36E</u> NMPM LEA County <u>✓</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3138' GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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: ☐

Rule 19.15.25.14
RE Set CIBP, RBP or Packer within 100 feet of uppermost
CO perfs. or open hole. Pressure test to 500 psi for 30 minutes with
CA a pressure drop of not greater than 10% over a 30 minute period.

OTI ☐

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: 3/28/2011

Due to failed MIT on 3/15/2011, intend to RU to pull and repair tubing or packer.

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

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: 3/24/11

Type or print name Berry Johnson
For State Use Only

E-mail address: _____

Telephone No. (432) 689-5200

APPROVED

BY: E. Gonzalez TITLE: STAFF MGR DATE: 3-29-2011

Conditions of Approval (if any): _____