Submit 1 Copy To Appropriate District Office	State of New M	exico	Form C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM88246 CEIVE District II			WELL API NO.
ALL CONCEDIATION DIVIGION			30-025-30090
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease
District IV District IV District IV District IV District IV Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, MOBBSOCD Santa Fe, NM 87505			6. State Off & Gas Lease No.
SUNDRY NOTICES	AND REPORTS ON WELL	3	7. Lease Name or Unit Agreement Name
(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			COLE 25 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1
2. Name of Operator		9. OGRID Number	
LEGACY RESERVES OPERATING	G LP		240974
3. Address of Operator		····	10. Pool name or Wildcat
	, TX 79702		SWD; SAN ANDRES
4. Well Location			
	00_feet from theNOR	TH line and	990 feet from the <u>EAST</u> line
Section 25	Township <u>10S</u>	Range <u>37E</u>	NMPM <u>LEA</u> County
11.	Elevation (Show whether DR	, RKB, RT, GR, etc.)	
12 Charle Anne	onniata Day ta Indianta N	I-t CNI (')	
12. Check Appro	opriate Box to Indicate N	fature of Notice, I	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING			
TEMPORARILY ABANDON			
	LTIPLE COMPL	CASING/CEMENT	JOB 🔲
DOWNHOLE COMMINGLE			
OTHER:		OTHER:	
	operations. (Clearly state all 1	pertinent details, and	give pertinent dates, including estimated date
of starting any proposed work).	SEE RULE 19.15.7.14 NMA(C. For Multiple Com	pletions: Attach wellbore diagram of
proposed completion or recomple	etion.		processor remain wemoore diagram of
Due to failure to pressure up on 2/	11/11 Legacy Reserves Open	atina I D intende to E	RU to replace and repair packer and
Tubing as needed. Anticipate RU	date of 2/14/11.	ating LI intends to r	to replace and repair packer and
	* · · · · · · · · · · · · · · · · · · ·		
Por Undorground 1: "	_		
Per Underground Injection (Control Program Manual	0- "	
11.6 C Packer shall be set vide feet of the uppermost injection	Mithin or less than 100	Condition	of Approval: Notify OCD Hobbs
and appointed injecti	on pens or open hole.	omce 24	hours prior of running MIT Test & Chart
Spud Date:	Rig Release Da	te:	
homely contifued and in Continued			
hereby certify that the information above	is true and complete to the be	st of my knowledge	and belief.
$\mathcal{A} \cup \mathcal{A}$	//		
IGNATURE SWY	TITLE Prod	duction Superintende	ent DATE 02/14/2011
		adetion Superimende	<u>DATE 02/14/2011</u>
ype or print name Berry Johnson E-m	ail address:		PHONE: <u>432-689-5200</u>
or State Use Only			
PPROVED BY:	THILE 5	AR MA	7_ 7 7 7 A
onditions of Approval (if app):	TILE)	HIV WAS	DATE 3-30-2011