| Office Office | State of New M | lexico | Form C-103 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Na | tural Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | I | ELL API NO. |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | 10 1 11 V 1 N 1 U 1 V 1 | 0-025-28406 |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Fra | ancis Die OCD | Indicate Type of Lease STATE ☐ FEE ☒ |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 8 | | State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | 25 OCT 9 2014 6. | State Off & Gas Lease No. |
| 87505 | | a nct of the | |
| SUNDRY NOT | TICES AND REPORTS ON WELL | LS O | Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPL | JSALS TO DRILL OR TO DEEPEN OR P ICATION FOR PERMIT" (FORM C-101) | FOR SUCHECEIVED | LANCLIE IAI IDUT |
| (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 SUCHECEIVED PROPOSALS.) | | KEOT | LANGLIE JAL UNIT Well Number 103 |
| 1. Type of Well: Oil Well | Gas Well Other | | |
| Name of Operator LEGACY RESERVES OPERATING LP | | 9. | OGRID Number |
| 3. Address of Operator | | . 10 | Pool name or Wildcat |
| PO BOX 10848, MIDLAND, TX 79702 | | | NGLIE MATTIX;7RVRS-Q-G |
| 4. Well Location | | | TOBIE WITTER, TEVRO Q O |
| | 1200 - Cont. Cont. (1) - CO. | ITELL II 101 | C A C A FACT II |
| Unit Letter P | :1200feet from theSOU | | feet from the <u>EAST</u> line |
| Section 31 | Township 24S | Range 37E | NMPM County LEA |
| A CONTRACT OF THE RESIDENCE | 11. Elevation (Show whether D | R, RKB, RT, GR, etc.) | 15 Commission of the Commissio |
| | 3230' GR | | |
| 12 (1 1 | A | NI (CNI (' D | 0.1 5 |
| 12. Check | Appropriate Box to Indicate | Nature of Notice, Rep | ort or Other Data |
| | | SUBSEC | QUENT REPORT OF: |
| PERI E-PERIVITATION PEMEDIAL WORK ALTERING CASING | | | |
| TEMI PAA NR P. W. PAND A COMMENCE DRILLING OPNS. PAND A | | | |
| PULL INT TO P&A | COMP | CASING/CEMENT JOE | - |
| DOW CSNG | CHG Loc | 0,101110,021112111001 | |
| | BDMS CHART | | |
| OTHL | | 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 re | completion. | | |
| 00/07/14 NAIDIL I | | | |
| 09/26/14 MIRU plugging equipm | | 4- 22001 DIII 1 4 5 1 | /2 CIDD © 21001 D 4 |
| 09/29/14 ND wellhead. NU BOP. POH w/ tbg. RIH w/ gauge ring to 3200'. RIH and set 5 1/2 CIBP @ 3100'. Pressure tested csg and held 500 psi. Circulated hole w/ mud laden fluid. Spotted 30 sx cement on top of plug @ 3100-2804. POH | | | |
| w/ tbg to 970'. | | | |
| 09/30/14 Spotted 30 sx cement @ 970-674. WOC. Tagged plug @ 720'. POH w/ tbg. ND BOP. Spotted 30 sx cement @ 270- | | | |
| surface. Rigged down and moved off. | | | |
| 10/02/14 Moved in backhoe and | | ellhead. Welded on "Abo | ve Ground Dry Hole Marker". |
| Backfilled cellar. Remo | ved deadmen. Cleaned location a | and moved off. | · |
| | System with steel tanks. Hauled c | ontents from Closed-Loo | p System to approved NMOCD |
| disposal location accord | ing to Rule 19.15.17. | | |
| | | | |
| | | | |
| Spud Date: | Rig Release I | Date: | |
| Space Bate. | | Jace. | |
| | | | |
| I hereby certify that the information | a above is true and complete to the | hest of my knowledge and | helief |
| Thereby certify that the information | above is true and complete to the | oost of my knowledge allo | . conci. |
| | • | | |
| SIGNATURE WILLIAM TITLE REGULATORY TECH DATE 10/07/2014 | | | |
| V VVVV | | | |
| Type or print nameLAURA P | | | |
| For State Use Only | INA E-mail address: | lpina@legacylp.com | PHONE: <u>432-689-5200</u> |
| Tor State Ose Oring | E-mail address: | lpina@legacylp.com | |
| | E-mail address: | lpina@legacylp.com | |
| APPROVED BY:(if any): | E-mail address: TITLE Co | lpina@legacylp.com | PHONE: 432-689-5200 ev DATE 10/9/2014 |

OCT 17 2014