

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
HOBBS OCD 1220 South St. Francis Dr.  
Santa Fe, NM 87505

NOV 12 2013

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. 30-025-23884
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR		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. 312452
3. Address of Operator P.O. BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
4. Well Location Unit Letter <u>L</u> : <u>2030</u> feet from the <u>SOUTH</u> line and <u>810</u> feet from the <u>WEST</u> line Section <u>5</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County		8. Well Number <u>57</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3212' GR		9. OGRID Number 240974
		10. Pool name or Wildcat LANGLIE MATTIX; 7R-Q-G

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: RAN MIT & RETURNED WELL TO INJECTION <input checked="" 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.

10/21/13- NMOCN NOTIFIED, BUT DID NOT WITNESS. RAN MECHANICAL INTEGRITY TEST, PRESSURED CASING TO 500 PSI, HELD FOR 30 MINUTES AND RETURNED WELL TO INJECTION.

To: Melanie Reyes  
> Notice of Intent  
To Be Submitted  
SAD 11/14/2013

Spud Date:  Rig Release Date:  (WFX-366)

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

SIGNATURE MELANIE REYES TITLE REGULATORY TECH DATE 11/06/13  
Type or print name MELANIE REYES E-mail address: MREYES@LEGACYLP.COM PHONE: (432) 689-5200  
For State Use Only  
APPROVED BY: Stephen Dickey TITLE COMPLIANCE OFFICER DATE 11/14/2013  
Conditions of Approval (if any):

NOV 14 2013

ONE/SAS  
11/14/13

