

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

HOBBS OOO
MAR 13 2014

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.)		7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		8. Well Number 21
2. Name of Operator LEGACY RESERVES OPERATING LP		9. OGRID Number 240974
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		10. Pool name or Wildcat LANGLIE MATTIX;7RVRS-Q-G
4. Well Location Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line Section 32 Township 24S Range 37E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3255' DF		

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MIT & RTI ☒

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.

02/21/14 - RAN MIT, PRESSURE CASING TO 560#, HELD FOR 30 MINS. CHART ATTACHED. WITNESSED BY NMOCD. RETURN WELL TO INJECTION.

Spud Date:

Rig Release Date:

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

SIGNATURE Laura Pina TITLE REGULATORY TECH DATE 03/11/2014

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Snamah TITLE Staff Manager DATE 3-14-14

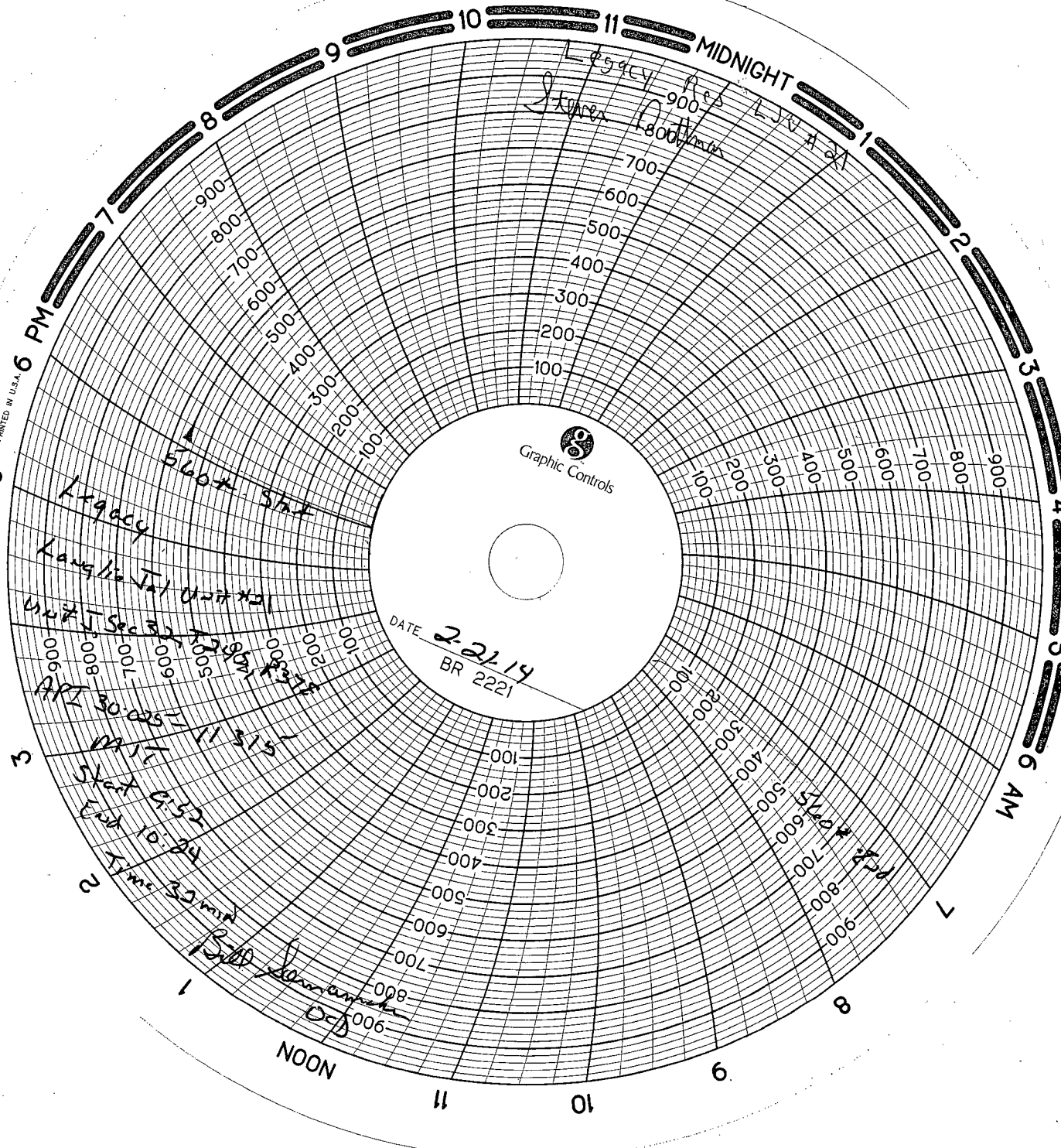
Conditions of Approval (if any):

MAR 17 2014

PRINTED IN U.S.A. 6 PM



DATE 2-21-14
BR 2221



Legacy
Langlia Tal Unit #21

Unit 1 Sec 3
API 30.025
Start 9:55
End 10:24
Time 32 min

Bill Samanaka
0-0006