Submit 1 Copy To Appropriate District	State of New M	exico	Form C-	
State of New Mexico Office District I – (575) 393-6161 District II – (575) 748-1283		ural Resources	WELL API NO.	2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		I D W WGI GOV	30-025-11471	
811 S. First St., Artesia, NM 88210, DD 13 2004L CONSERVATION DIVISION		DIVISION	5. Indicate Type of Lease	
1000 Pio Prozos Pd. Aztos NM 97410			STATE 🗌 FEE 🛛	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505			6. State Oil & Gas Lease No.	
8/303				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			LANGLIE JAL UNIT	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 68	
2. Name of Operator			9. OGRID Number	
LEGACY RESERVES OPERATING LP			240974	
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 10848, MIDLAND, TX 79702			LANGLIE MATTIX;7RVRS-Q-G	
4. Well Location	660 6 6 4 607		00 C C C T F100 1	- y
Unit Letter O :	feet from theSOUT			ie /
Section <u>6</u>	Township 25S 11. Elevation (Show whether DI	Range 37E	NMPM County LEA	_/
	3219' GL	, KKD, K1, GK, etc.)	త .ది. యార్థా : దిశా కిం ఇదా ల	·
12. Check A	Appropriate Box to Indicate N	Nature of Notice, F	Report or Other Data	
NOTICE OF IN	TENTION TO	OUDG	·	
			BEQUENT REPORT OF: ALTERING CASING	П
_		COMMENCE DRIL		H
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		_
DOWNHOLE COMMINGLE	· · · · · · · · · · · · · · · · · · ·			
CLOSED-LOOP SYSTEM				_
OTHER: MIT & REQUEST EXTEN		OTHER:	give pertinent dates, including estimated	data
			give perment dates, including estimated pletions: Attach wellbore diagram of	uale
proposed completion or reco				
		•		
I EGACY RESERVES OPI	FRATING LP RESPECTELLLY	REQUESTS AN EXT	TENSION OF TA STATUS FOR THIS	
WELL FOR A PERIOD OF		ICLQUESTS AIVENT	ENSION OF TA STATUS FOR THIS	
•	<i>l</i> .			
	1 YEAR MUS			
	YVILLE			
				
Spud Date:	Rig Release D	Pate:		
XI I C C C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	11 1: 6	
I hereby certify that the information	above is true and complete to the t	best of my knowledge	and belief.	
)			
SIGNATURE COMA	TITLE	REGULATORY TE	CHDATE_04/01/2014	
Tyme on invint		lning@laga1	DUONE: 422 600 5000	
Type or print nameLAURA PIN For State Use Only	NA E-mail address:	lpina@legacylp.cor	<u>n</u> PHONE: <u>432-689-5200</u>	
- N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Main.		11/2/2011	L /
APPROVED BY:	Shown TITLE CON	nxuance Cx	JULY DATE 4/3/2019	/
Conditions of Approval (if any):		1 0	O APR 0 3'20'14	/
			Water w	