Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Re OIL CONSERVATION DIV 1220 South St. Francis D Santa Fe, NM 87505	WELL API NO. 30-005-00835 5. Indicate Type of STATE 6. State Oil & Gas 303735	FEE Lease No.
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well: Oil Well	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PI MODS ATION FOR PERMIT" (FORM C-101) FOR SUC Gas Well Other SEP 3	ROCK QUEEN 0 2015 8. Well Number	15
2. Name of Operator LEGACY RES 3. Address of Operator	ERVES OPERATING LP	9. OGRID Number	240974 Vildcat
PO BOX 1084 4. Well Location Unit Letter <u>E</u> : Section <u>23</u>	8, MIDLAND, TX 79702 <u>1980</u> fect from the <u>NORTH</u> Township 13S Ra 11. Elevation (Show whether DR, RKB, 4426'	nge 31E NMPM	EEN / he <u>WEST</u> line County CHAVES
F CONVERSION F CONVERSION T RETURN TO C CSNGENVIRO C INT TO PAP&A N OTHER. 13. Describe proposed or completion or record	RBDUS I REM TA I CON CHG LOC I CAS R P&A R I Image: Check operations Clearly state all pertine k). SEE RULE 19.15.7.14 NMAC. For mpletion. Image: Check operation constraints	SUBSEQUENT REP EDIAL WORK AMENCE DRILLING OPNS. F ING/CEMENT JOB AMENCE ER: MIT for TA nt details, and give pertinent dates Multiple Completions: Attach we	ORT OF: ALTERING CASING AND A , including estimated date Ilbore diagram of
-	sure casing to 580#, held for 30 n . Well is now TA'd. This Approval of Temporar Abandonment Expires_3		ge bower-ocb,
	Abandonment Expires_3	EXTENSION .	
Spud Date:	Rig Release Date:]
I hereby certify that the information a SIGNATURE	bove is true and complete to the best of r TITLE <u>COMPLIA</u>	· · ·	09/28/2015
Type or print nameLAURA P For State Use Only APPROVED BY: Maluy Conditions of Approval (if mu)	INAE-mail address:lp Blown_TITLE_Dest_	<u>ina@legacylp.com</u> PHON <u>Supervise</u> DAT	E: <u>432-689-5200</u> E <u>10/,/2015</u>
Conditions of Approval (if any)		001 07 2015	M

QC I	Ø	7	2015
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