| Submit One Copy To Appropriate District State of New Me   |  |  |  |  |  |
|---|--|--|--|--|--|
| District I<br>1625 N. French Dr., Hobbs, NM 88240   | WELL API NO.   |  |  |  |  |
| District II OIL CONCEPTION  | DIVISION 30-025-23865  |  |  |  |  |
| 811 S. First St., Artesia, NM 88210     OIL CONSERVATION       District III     1220 South St. France   | 5. Indicate Type of Lease  |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV Santa Fe, NM 87   | STATE FEE  |  |  |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM   | o. oute on et ous bease no.  |  |  |  |  |
| 87505<br>SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL)  | JG BACK TO A LANGLIE JAL UNIT /                                    |  |  |  |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO<br>PROPOSALS.)  | HOBBS OCD 8. Well Number 13  |  |  |  |  |
| 1. Type of Well: Oil Well Gas Well Other INJECTOR   | 0. OCPID Number  |  |  |  |  |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP   | 0CT 1 6 2015 9. OGRID Number 240974                                |  |  |  |  |
| 3. Address of Operator  | 10. Pool name or Wildcat   |  |  |  |  |
| PO BOX 10848, MIDLAND, TX 79702   | LANGLIE MATTIX;7RVRS-Q-G   |  |  |  |  |
| 4. Well Location<br>Unit Letter F : 1980 feet from the NORTH  |  |  |  |  |  |
| Unit Letter F : 1980 feet from the NORTH<br>Section 31 Township 24S Range 37E NMPM  |  |  |  |  |  |
| 11. Elevation (Show whether DR  |  |  |  |  |  |
| 3243' GR  |  |  |  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, R   | eport or Other Data  |  |  |  |  |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:  |  |  |  |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON  | REMEDIAL WORK  |  |  |  |  |
|   |  |  |  |  |  |
| PULL OR ALTER CASING MULTIPLE COMPL   | CASING/CEMENT JOB  |  |  |  |  |
| OTHER:  | Location is ready for OCD inspection after P&A                     |  |  |  |  |
| All pits have been remediated in compliance with OCD rules and the  |  |  |  |  |  |
| ☑ Rat hole and cellar have been filled and leveled. Cathodic protecti ☑ A steel marker at least 4" in diameter and at least 4' above ground                 |  |  |  |  |  |
|   |  |  |  |  |  |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, A   |  |  |  |  |  |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE.<br>PERMANENTLY STAMPED ON THE MARKER'S SUR   |  |  |  |  |  |
| the active  | · · · · · · · · · · · · · · · · · · ·                              |  |  |  |  |
| The location has been leveled as nearly as possible to original grou<br>other production equipment.   | nd contour and has been cleared of all junk, trash, flow lines and |  |  |  |  |
| Anchors, dead men, tie downs and risers have been cut off at least  | wo feet below ground level.  |  |  |  |  |
| If this is a one-well lease or last remaining well on lease, the batter   | y and pit location(s) have been remediated in compliance with      |  |  |  |  |
| OCD rules and the terms of the Operator's pit permit and closure plan.<br>from lease and well location.   | All flow lines, production equipment and junk have been removed    |  |  |  |  |
| All metal bolts and other materials have been removed. Portable ba  | ses have been removed. (Poured onsite concrete bases do not have   |  |  |  |  |
| to be removed.)   |  |  |  |  |  |
| All other environmental concerns have been addressed as per OCD   |  |  |  |  |  |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. |  |  |  |  |  |
| If this is a one-well lease or last remaining well on lease: all electric   | cal service poles and lines have been removed from lease and well  |  |  |  |  |
| location, except for utility's distribution infrastructure.   |  |  |  |  |  |
| When all work has been completed, return this form to the appropriate l   | District office to schedule an inspection.                         |  |  |  |  |
|   |  |  |  |  |  |
| SIGNATURE KUMA WQ   | OMPLIANCE COORDINATOR DATE 10/09/2015                              |  |  |  |  |
|   | a@legacylp.com PHONE: <u>432-689-5200</u>                          |  |  |  |  |
| For State Use Only  |  |  |  |  |  |
| APPROVED BY: Mah Unitakan TITLE<br>Conditions of Approval (if any):   | ompliance Officer DATE 10/21/2015                                  |  |  |  |  |
|   | OCT of a second  |  |  |  |  |
|   | OCT 2 2 2015   |  |  |  |  |

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