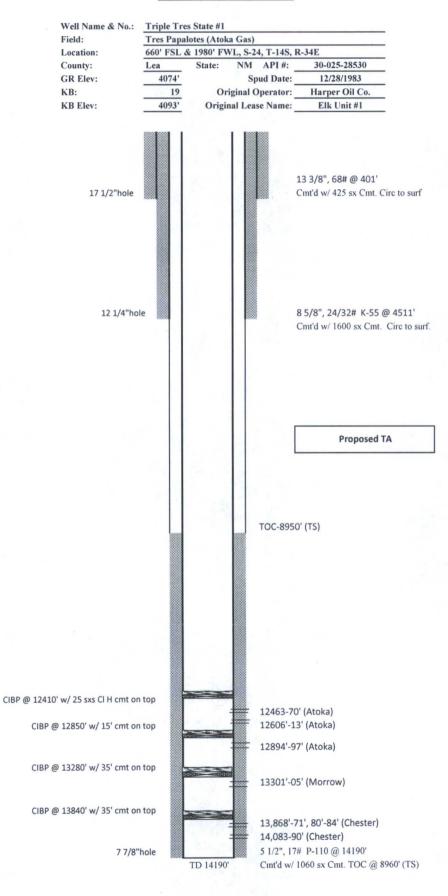
ubmit 1 Copy To Appropriate District State of New Mexico				Form C-103
1625 N. French Dr., Hobbs, NM 88240	 NM 88240 B3 NM 88210 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. 		WELL API NO.	Revised July 18, 2013
811 S. FIISt St., Artesia, NIVI 88210			30-025-28530 5. Indicate Type of L	ease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🛛	FEE 🗌 🖊
1220 S. St. Francis Dr., Santa Fe, NM 87505		1505	6. State Oil & Gas Lo 312142	1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO AD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM HOBSEHOCD PROPOSALS.)			 Lease Name or Unit Agreement Name TRIPLE TRES STATE 	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 1	
2. Name of Operator MAR 1 4 2010 LEGACY RESERVES OPERATING LP			9. OGRID Number 24	0974
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702			10. Pool name or Wi TRES PAPALOTES	ldcat
4. Well Location	10	Contraction of the	<i>w</i> .	
Unit Letter <u>N</u> : <u>660</u>	feet from the			
Section <u>24</u>	Township 14S ation (Show whether DI	Range 34E	NMPM	County LEA
1. Elev	4074' GL	(, <i>KKD</i> , <i>K</i> 1, <i>GK</i> , <i>etc.)</i>		
12. Check Appropria	ate Box to Indicate 1	Nature of Notice	eport or Other Da	ta
and a second particular second second second second second			n	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			JOB 🗌	
CLOSED-LOOP SYSTEM		OTHER:		
13. Describe proposed or completed opera of starting any proposed work). SEE proposed completion or recompletion.	RULE 19.15.7.14 NMA			
Legacy Reserves requests approval to temp	porarily abandon the sul	oject shut-in Atoka ga	s well.	
We have future plans to recomplete this we oil prices to improve above the current \$25 the geology in the area.				
We plan on setting a CIBP at 12,410' and We plan to run a MIT with pressure chart				1 perfs 12,463'-12,618'.
	1			
Sand Data	Dia Dalaasa D	ata:		
Spud Date:	Rig Release D		1.14	
I hereby certify that the information above is tr	ue and complete to the	best of my knowledge	and belief.	
SIGNATURE Laura ma	TITLE_COM	IPLIANCE COORDI	NATORDATE	03/09/2016
Type or print name <u>LAURA PINA</u> For State Use Only	E-mail addres	s: <u>lpina@legacylp.c</u>	om PHONE	E: <u>432-689-5200</u>
APPROVED BY: Bill Somama		Statt Man	ago DATE	3/29/16
Conditions of Approval (if any):	No production	N 15 mon	the	MAR 2 9 2016

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WELLBORE SCHEMATIC



WELLBORE SCHEMATIC

