Submit 1 Copy To Appropriate District	State of New	Mexico	Form C-103					
Office District I – (575) 393-6161	Engager, Minanals and Matural Descriptions			Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.					
District II – (575) 748-1283	30-005-21135	•						
811 S. First St., Artesia, NM 88210	5. Indicate Type	of Lease						
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 27	STATE FEE							
<u>District IV</u> $-$ (505) 476-3460	$\frac{1000 \text{ km} \text{ Brazos Rd., Azlec, NM 87505}}{\text{District IV} - (505) 476-3460}$ Santa Fe, NM 87505							
1220 S. St. Francis Dr., Santa Fe, NM								
87505 RECE	7 Lease Name o	or Unit Agreement Name						
(DO NOT USE THIS FORM FOR PROPOSA)	7. Dease Mane of OnterAgreement Mane							
DIFFERENT RESERVOIR. USE "APPLICA"	DRICKEY QUEEN SAND UNIT							
PROPOSALS.)	8. Well Number 147							
1. Type of Well: Oil Well G								
2. Name of Operator	9. OGRID Number							
LEGACY RESE	240974 <b>1</b> 0. Pool name or Wildcat							
3. Address of Operator PO BOX 10848,	CAPROCK; QUEEN							
	CAFROCK, Q	OEEN						
4. Well Location								
Unit Letter <u>E</u> :	1459 feet from the No.	ORTH line and	<u>330</u> feet from	n the <u>WEST</u> line				
Section 11 Township 14S Range 31E NMPM County CHAVES								
11. Elevation (Show whether DR, RKB, RT, GR, etc.)								
12. Check Ap	propriate Box to Indicat	e Nature of Notice,	Report or Other	Data				
	INJECTION	SUE	SEQUENT RE	PORT OF				
E-PERMITTING <swd< td=""><td></td><td>REMEDIAL WOR</td><td></td><td></td></swd<>		REMEDIAL WOR						
CONVERSION RE	JUNIO			P AND A				
	PM	CASING/CEMEN						
CSNG ENVIRO	CHG LOC	CASING/CEIVIEN						
INT TO PA P&A NR	P&A R							
		OTHER: MIT fo	r TA	$\boxtimes$				
13. Describe proposed or complet	ed operations. (Clearly state							
of starting any proposed work								
proposed completion or recom	apletion.							

CIBP set at 3005', cap w/25 sx, tag at 2777'.

07/11/16 Ran MIT, pressure casing to 600#, held ok. Chart attached. Well is now TA'd.

	This Approval of Tem Abandonment Expire	s	2019			
Spud Date:		Rig Relea	ise Date:			
I hereby certify that the	information above is true an	d complete to	the best of my	knowledge and belief.		
SIGNATURE NU	ref ma	TITLE	COMPLIA	NCE COORDINATOR	RDATE07/2	5/2016
Type or print name For State Use Only APPROVED BY: Conditions of Approval	LAURA PINA Maluy ARu I (if any):			na@legacylp.com		132-689-5200 14/2016

