Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobby 1088 O <u>District II</u> – (575) 748-1283	ench Dr., Hobit 1088S OCD		30-025-36685	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III - (505) 334-6178 111 2 0 2018	1220 South St. Francis Dr.		STATE	FEE 🛛
			6. State Oil & Gas Lea	ase No.
1220 S. St. Francis Dr., San <b>RECEIVE</b>				
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		TRES PAPALOTES 4		
PROPOSALS.)  1. Type of Well: Oil Well  Gas			8. Well Number 3	
2. Name of Operator			9. OGRID Number	
LEGACY RESERVES OPERATING LP			240974 / 10. Pool name or Wildcat	
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702			TRES PAPALOTES; UPPER PENN	
4. Well Location		<u> </u>		
	30 feet from the NORTH	line and 99	oo feet from the	EAST line
Section 4	Township 15S	Range 34E	NMPM	County LEA
11	. Elevation (Show whether DR,	RKB, RT, GR, etc.)		
	4111' GL	•		
12 Check Ann	ropriate Box to Indicate Na	ture of Notice I	Ranget or Other Date	3
12. Спеск Аррі	opitate box to indicate Na	iture of Notice, i	Report of Other Date	1
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
<del></del>	<del></del>			ERING CASING ☐ ND A ☐
				ND A $\square$
PULL OR ALTER CASING				
CLOSED-LOOP SYSTEM				
OTHER: Request to extend TA OTHER: OT				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
Legacy Reserves, requests a 2 year extension of TA status on the subject well. This time should allow for a thorough				
evaluation of recompletion pote	ntial in the well and implementa	tion of recompletio	n.	
Condition of Approval: notify				
OCD H			Hobbs office 24 hours	
prior of running MIT Test & Chart				
		prior or re	anning with rest of	Cuart
				·
Spud Date:	Rig Release Dat	e:		
<u></u>		<b>L</b>		
I hereby certify that the information above	vo is true and complete to the bas	at of my knowledge	and baliaf	
Thereby certify that the information abov	e is true and complete to the bes	st of my knowledge	and benefi.	
$\mathcal{L}$				
SIGNATURE NUMBER MA	TITLEC	Compliance Coording	natorDATE_	07/18/2018
Type or print name Laura Pina	E-mail address:	lpina@legacylp.co	om PHONE	E: <u>432-689-5200</u>
For State Use Only	1	1 1		
APPROVED BY: Y WILL STOLE AOLT DATE 7/23/2018				
Conditions of Approval (if any):	NOW CHILE	1.0		122/2010
71 8861 7-2-2-1				
No PROD REPORTED-24 MONTHS				