Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103		
Office District I = (575) 393-6161	CONSERVATION DIVISION CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 2010 Santa Fe, NM 87505	Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240	8,	WELL API NO.		
<u>District II</u> – (575) 748-1283 811 S. First St. Artesia, NM 88210	OLL CONSERVATION DIVISION	30-025-29462		
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fer M	8/1/2			
SUNDRY NOT	SAND BERORTS ON WELLS	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSA	LS TO BURE OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESERVOIR. USE "APPLICATED FOR PERMIT" (FORM C-101) FOR SUCH		SHIPP		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 1		
2. Name of Operator		9. OGRID Number		
LEGACY RESERVES OPERATING LP		240974		
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 10848	CASEY; STRAWN, WEST			
4. Well Location				
Unit Letter <u>B</u> :	<u></u>			
Section <u>33</u>	Township 16S Range 37E	NMPM County LEA		
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3784' GR			
	5704 GR			
12. Check Ap	propriate Box to Indicate Nature of Notice	, Report or Other Data		
NOTICE OF INT	ENTION TO: SUF	SEQUENT REPORT OF:		
	PLUG AND ABANDON	·		
TEMPORARILY ABANDON	CHANGE PLANS 🔲 COMMENCE DF			
PULL OR ALTER CASING	MULTIPLE COMPL			
CLOSED-LOOP SYSTEM		·		
	ted operations. (Clearly state all pertinent details, and	nd give pertinent dates, including estimated date		
	.). SEE RULE 19.15.7.14 NMAC. For Multiple Co			
proposed completion or recon	npletion.			
Lagacy Reserves request approval	to Temporarily Abandon (TA) the Shipp #1 for two	o years. This will give Legacy the time		
	future utilization of the wellbore. Legacy will set a			
and circulate the hole with packer				
-				
	Condition a	of Approval: notify		
		bs office 24 hours		
	prior of runni	ng MIT Test & Chart		
······				
Spud Date:	Rig Release Date:			
I hereby certify that the information ab	ove is true and complete to the best of my knowled	ge and belief.		
· · · · · · · · · · · · · · · · · · ·				
Yount/-	· · · · ·			
SIGNATURE WWWW	TITLE Compliance Coordi	natorDATE_09/27/2018		
Type or print name I ALIRA PIN	JA F-mail address: Inina@legacyln.co	PHONE: 432-689-5200		

Type of print name <u>LAOKA PINA</u>	E-man address.	ipina@iegacyip.com	FHONE.	432-089-3200
For State Use Only AA J D				()
APPROVED BY: Male ADJOWN	P TITLE	A0/I	DATE	10/3/2018
Conditions of Approval (if any):		1		