

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

DEC 12 2013

RECEIVED

WELL API NO. 30-025-11469
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 312452
7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
8. Well Number 53
9. OGRID Number 240974
10. Pool name or Wildcat LANGLIE MATTIX; 7R-Q-G

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTOR

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

P.O. BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter L : 2080 feet from the SOUTH line and 660 feet from the WEST line
Section 6 Township 25S Range 37E NMPM LEA County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3213'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: RAN MIT TO EXTEND TA STATUS OF WELL ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date 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 RESPECTFULLY REQUESTS PERMISSION TO EXTEND THE TA STATUS OF THIS WELL FOR A PERIOD OF 1 YEAR.

12/09/13- NMOC D NOTIFIED, BUT DID NOT WITNESS. RAN MECHANICAL INTEGRITY TEST, PRESSURED CASING TO 540 PSI, HELD FOR 30 MINUTES.

This Approval of Temporary
Abandonment Expires 12/9/2014

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE MELANIE REYES TITLE REGULATORY TECH DATE 12/11/13Type or print name MELANIE REYES E-mail address: mreyes@legacylp.com PHONE: (432) 689-5200

For State Use Only

APPROVED BY: Melanie Brown TITLE Compliance Officer DATE 12/13/2013

Conditions of Approval (if any):

DEC 16 2013

