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Submit 1 Copy To Appropriate DittoBBS OCD	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161 Energy	y, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM DEC 1 0 2013 District II - (575) 748-1283		WELL API NO. 30-025-11133
811 S. First St., Artesia, NM 88210 OIL	CONSERVATION DIVISION	5. Indicate Type of Lease
District III (505) 334-6178 1000 Rio Brazos Rd., AztechNM 87 RECEIVED	1220 South St. Francis Dr.	STATE FEE FED
District IV – (505) 476-346 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. 312454
SUNDRY NOTICES AND F	EPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRII DIFFERENT RESERVOIR. USE "APPLICATION FOR I PROPOSALS.)		COOPER JAL UNIT
1. Type of Well: Oil Well Gas Well Other P&A'd		8. Well Number 109
2. Name of Operator LEGACY RESERVES OPERATING LP		9. OGRID Number 240974
3. Address of Operator P.O. BOX 10848, MI	NIN TY 70702	10. Pool name or Wildcat JALMAT; TANSILL-YATES-7RIVERS
4. Well Location	DEAND, 1X 79702	JALWAT, TANSILL'TATLS-/NIVERS
Unit Letter K : 1980	feet from the <u>SOUTH</u> line and	1980 feet from the WEST line
Section 18	Township 24S Range 37E	NMPM LEA County
	ion (Show whether DR, RKB, RT, GR, etc.	
	N/A	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION	NTO: SUB	SEQUENT REPORT OF:
· · · · · · · · · · · · · · · · · · ·	DABANDON 🔲 🛛 REMEDIAL WOR	K 🔲 ALTERING CASING 🗌
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE		ТЈОВ 🗌
CLOSED-LOOP SYSTEM	OTHER: P&A'D	WELL, DO NOT PLAN TO RE-ENTER 🛛 🛛
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 Operating LP acquired this well from Resaca Operating Company and does not plan to re-enter this plugged		
and abandoned well.		
Spud Date:	Rig Release Date:	
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I hereby certify that the information above is true	e and complete to the best of my knowledg	ge and belief.
SIGNATURE	TITLE <u>REGULATORY TEC</u>	CHDATE12/10/13
Type or print name <u>MELANIE REYES</u>	E-mail address: mreyes@legacylp.cc	PHONE: (432) 689-5200
For State Use Only		
ADDDOVED DV	TITLE	JAN 1 4 2014
APPROVED BY: Conditions of Approval (if any):	TITLE <u>Patroleum Engl</u>	nest De
	and the second se	
	v <sup>2</sup>	JAN 1 4 2014

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