Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> ~ (575) 393-6161	Programme Minimum Lange Makeum Decomposition		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		Į W	/ELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-27176
District III - (505) 334-6178	1220 South St. Francis Dr.		Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE FED  State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Suita i e, i vivi e	7303	State Off & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS OF THE SUNDRY NOTICES AND REPORTS ON WELLS OF THE SURFICE OF			Lease Name or Unit Agreement Name J H McCLURE B COI
1. Type of Well: Oil Well Gas Well Gother WDW 2			Well Number 22
			OGRID Number
LEGACY RESERVES OPERA	TING LP	ZENED 9.	240974
3. Address of Operator	RE	10	O. Pool name or Wildcat
P.O. BOX 10848 MIDLAND,			WD; QUEEN
4. Well Location			
Unit Letter I : 1650 feet from the SOUTH line and 660 feet from the EAST line			
Section 19		<del></del>	
Section 19	Township 24S	Range 38E	NMPM County LEA
	11. Elevation (Show whether DR 3175.8' GR	, KKB, K1, GK, etc.)	
	31/3.8 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO			
NOTICE OF IN		I .	QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	·	COMMENCE DRILLII	<b></b>
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	DB ∐
DOWNHOLE COMMINGLE			
OTHER:		OTHER: 5 YEAR MI	T TEST
	leted operations (Clearly state all		
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.			
proposed completion of recompletions			
07/30/14 – 5 YEAR MIT. PRESSURE CASING TO 560#, HELD FOR 30 MINS. CHART ATTACHED.			
	D: D 1 D		
Spud Date:	Rig Release D	ate:	
			<del></del>
I hereby certify that the information	above is true and complete to the b	est of my knowledge ar	nd belief.
(			
House to the		COLUMN A TODAY TECH	DATE: 00/06/0014
SIGNATURE JUME WY	TITLE	EGULATORY TECH	DATE <u>08/26/2014</u>
Time or wrint name I AID A DD.	(A E-mail address		DHONE: 422 600 5200
Type or print nameLAURA PIN	E-mail address:		PHONE: 432-689-5200
For State Use Only	1		
APPROVED BY: BY	TITI F	Staff Mana.	DATE 9/1_1 2014
Conditions of Approval (if any):	Cindeman 111111	= 1 acc process	110/00-1
Conditions of Approval (if any).		DECORD ON	DATE 9/6/2014
	FOR	KECOILD 3.	// h

SEP 2014<sup>1</sup>

