Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	30-005-00809         45. Indicate Type of Lease         STATE       ✓ FEE         6. State Oil & Gas Lease No.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Br. 29 20 Santa Fe, NM 87505 RECEIVED		
SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATI PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas	<ul> <li>7. Lease Name or Unit Agreement Name</li> <li>ROCK QUEEN UNIT</li> <li>8. Well Number 24</li> </ul>		
<ol> <li>Name of Operator</li> <li>LEGACY RESER</li> <li>Address of Operator</li> </ol>	9. OGRID Number 240974 10. Pool name or Wildcat		
4. Well Location	MIDLAND, TX 79702	CAPROCK; QUEEN	
Section <u>22</u>	1980         feet from the         NORTH         line and           Township         13S         Range         31E           1. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM County CHAVES	

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

P T P D	E-PERMITTING P&A NR INT TO P&A CSNG	P&A R COMP CHG Loco	] ] ]	SUBSEQUENT REPORT OF: REMEDIAL WORK	
C O.	TAPIND	RBDMS CHAR	<u>_</u>	OTHER: MIT to extend TA	$\boxtimes$

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.

10/24/14 Ran MIT, pressure casing to 590#, held for 30 mins. Witnessed by George Bower-OCD, chart attached.

This Approval of Temporary Abandonment Expires 10/24/2015

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	ng ma	TITLE	REGULATORY TECH	DATE_ <u>10/28/2014</u>	Ļ
Type or print name	LAURA PINA	E-mail address:	lpina@legacylp.com	PHONE: _ <u>432-68</u>	9-5200
For State Use Only APPROVED BY:	Jale Straw	V TITLE Die	it. Supervisor	) DATE 10/29	1/2014
Conditions of Approva	l (if ahy):		1	T 3 1 2014	L M

