Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Reso		WELL API NO.	
811 S. First St., Artesia, NM 88210				
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🔲 FEE 🛛	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. 312452	
			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOMOBES	OCD	LANGLIE JAL UNIT	
1. Type of Well: Oil Well	Gas Well 🗌 Other INJECTOR	A 2048	/	
2. Name of Operator	ESERVES OPERATING LP	0 2014		
3. Address of Operator			10. Pool name or Wildcat	
	48, MIDLAND, TX 79702	IVED	LANGLIE MATTIX;7RVRS-Q-G	
	11. Elevation (Show whether DR, RKB, RT			
	3213' GL			
	The Nature of	f Notice R	Report or Other Data	
		-	•	
Berling (Minerals and Natural Resources <td< td=""></td<>				
			LANGLIE JAL UNIT 8. Well Number 240974 9. OGRID Number 240974 10. Pool name or Wildcat LANGLIE MATTIX;7RVRS-Q-G 60 feet from the WEST line NMPM County LEA 60 NMPM County LEA 60 ALTERING CASING 10. ALTERING CASING 10. LING OPNS. P AND A 30B 11. give pertinent dates, including estimated date 12. Inpletions: Attach wellbore diagram of 5 sx cement @ 1200-1051. POH w/ tbg. and shut well in. WOC. ment to surface. Rigged down and moved Velded on "Above Ground Dry Hole Ioved off.	
		G/CEMENT		
	· · · · · · · · · · · · · · · · · · ·			
OTHER:		र:		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
10/08/14 MIRU plugging equipment. ND wellhead, NU BOP, Released packer.				
10/09/14 POH w/tbg and packer. Tagged CIBP @ 3230'. Circulated hole w/ mud laden fluids. Spotted 40 sx cement @				
Marker". Backfilled cellar. Removed deadmen. Cleaned location. Moved off.				
			·····	
Spud Date:	Rig Release Date:			
		<u> </u>		
I hereby certify that the information	above is true and complete to the best of my	^r knowledge	and belief.	
SIGNATURE	TITLEREGULA	ATORY TEC	<u>CH</u> DATE_ <u>11/05/2014</u>	
Type or print nameLAURA PI	NAE-mail address:lpina@l	legacylp.con	n PHONE: _432-689-5200	
For State Use Only				
APPROVED BY: Malur Brown TITLE Dist. Supervise DATE 11/10/2014				
Conditions of Approval (if any)				

NOV 1 0 2014,