Submit One Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised November 3, 2011	
District 1 1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 811 S. First St., Artesia, NM 88210				30-025-28406 5. Indicate Type	of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505			STATE	FEE 🖂	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Pe,	INIVI O	303	6. State Oil & G	as Lease No.
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) (1903) (1903) (1903)				7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT	
PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other .				8. Well Number	103
2. Name of Operator LEGACY RESERVES OPERATING	CIP	J	AN 1 % 5012	9. OGRID Num 240974	ber
3. Address of Operator	J Lr /			10. Pool name o	r Wildcat
PO BOX 10848, MIDLAND, TX 79	702		RECEIVED	LANGLIE MAT	TIX;7RVRS-Q-G
4. Well Location					
Unit Letter P: 1200 feet from the SOUTH line and 131 feet from the EAST line					
Section 31 Township 24S Range 37E NMPM County LEA County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3230° GR					
12. Check Appropriate Box to 1	indicate Nature of No	tice, R	eport or Other L	D ata	
				SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR				ALTERING CASING	
· —			CASING/CEMEN		FANDA 🔲
OTUED.				andy for OCD incr	nestion ofter DSA
OTHER: ☐					
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.					
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.					
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.) All other environmental concerns have been addressed as per OCD rules.					
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-					
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well					
If this is a one-well lease or last r location, except for utility's distribution		n electri	cal service poles al	iu illies have been i	emoved from lease and wen
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
when an work has been completed, return this form to the appropriate District office to schedule an hispection.					
SIGNATURE Aug in	T	ITLEI	REGULATORY T	ЕСН	DATE <u>01/09/2015</u>
TYPE OR PRINT NAME <u>LAURA</u>	PINA E	-MAIL:	lpina@legacylp	o.com	PHONE: 432-689-5273
For State Use Only	, D.1.	/	1 1	A	1
APPROVED BY: Conditions of Approval (if any):	Whiteha T	ITLE <u></u>	omplance	Othicar	DATE 01/14/2015

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