Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240				WELL API	
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-218	10 Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1000 Rio Brazos Rd Aztec NM 87410			STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil	& Gas 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) FOR SUCH			7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit		
PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other		HOBBSOCD		8. Well Number 218	
2. Name of Operator LEGACY RESERVES OPERATING LP		1 A & 1 0 / 10 7 11 10 A		9. OGRID Number 240974	
3. Address of Operator			10. Pool name or Wildcat		
PO BOX 10848, MIDLAND, TX 79702			RECEIVED	Langlie Mattix; 7Rvrs-Queen-Grayburg	
4. Well Location	from the NODTH line one	1 1000 for	ot from the WEST	lina	•
Unit Letter C: 810 feet from the NORTH line and 1980 feet from the WEST line Section 34 Township 22S Range 37E NMPM County LEA					
	11. Elevation (Show when 3319' GR			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	So years on the remove and the second of the second
12. Check Appropriate Box to		tice, Re	port or Other Da	 ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
					☐ ALTERING CASING ☐
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	JOB	
OTHER:.					inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. 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					
OPEDATOD NAME I FACE NAME WELL NUMBED ADJNUMBED OUADTED/OUADTED LOCATION OD					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
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 location, except for utility's distribution infrastructure.					
location, except for utility's distribution	m mastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE Laure ma	- T1	ITLE <u>R</u> I	EGULATORY TE	СН	DATE <u>01/14/2015</u>
TYPE OR PRINT NAMELAURA	PINA E	-MAIL: _	lpina@legacylp:	com	PHONE: <u>432-689-5273</u>
For State Use Only	MI	Λ.	a al'a a	(f)	1 21.1.
APPROVED BY: Conditions of Approval (if any):	J Worter TI	ITLE CO	impliance (Hicer	DATE 2/10/15