| Submit I Copy To Appropriate District | State of New | Mexico | | Form C-103 |
|--|--|---|--|-----------------------------------|
| ffice istrict 1 – (575) 393-6161 Energy, Minerals and Natural Resources | | Revised July 18, 2013 | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | 25 N. French Dr., Hobbs, NM 88240 | | WELL API NO. 30-025-11761 | |
| 811 S. First St., Artesia, NM 88210 | | | 5. Indicate Type of | Lease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | District III - (505) 334-6178 1220 South St. Francis Dr. | | STATE 🛛 FEE 🗌 | |
| $\frac{District IV}{D} = (505) 476-3460$ Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | • |
| 87505 SUNDRY NOT | CES AND REPORTS ON WE | 15 | 7 Lease Name or L | nit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Dease Maine of O | int Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | SOUTH JUSTIS | UNIT E 🖌 |
| PROPOSALS.) HOBES OCD 1. Type of Well: Oil Well Gas Well | | | 8. Well Number 23 | |
| | | | 9. OGRID Number | |
| | SERVES OPERATING LP | 小说 名平 2015 | | 40974 |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| PO BOX 10848, MIDLAND, TX 79702 | | | JUSTIS; BLINEBRY | Y-TUBB-DRINKARD |
| 4. Well Location | | Ka Carlovanja | | |
| Unit Letter D : | 660 feet from the NO | RTH line and | 990 feet from th | ne <u>WEST</u> line |
| Section 25 | Township 25S | Range 37E | NMPM | County LEA |
| | | | | |
| 10 a | 3066' GR | | | |
| NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: Requested current well 13. Describe proposed or comp | PLUG AND ABANDON | SUE REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: all pertinent details, an IAC. For Multiple Co | BSEQUENT REPORT REPORT AND | DRT OF: TERING CASING AND A |
| Spud Date: | Rig Release | Date: | |] |
| | | | | - |
| I hereby certify that the information | above is true and complete to th | e best of my knowledg | re and helief | |
| | above is true and complete to th | e best of my knowledg | ze and benef. | · · · |
| Ψ | | | • | |
| SIGNATURE OUMA MA | TITLE | REGULATORY TE | CH DATE | 07/24/2015 |
| | | | _ | |
| Type or print name LAURA | PINA E-mail addres | ss: <u>lpina@legacylp.c</u> | om PHON | E: <u>432-689-5200</u> |
| For State Use Only | | -4 Only | | |
| | Accepted for Reco | LA Accel | 5.4 mr | |
| APPROVED BY: | | , 1 | DATE | |
| Conditions of Approval (if any): | MIKIND 7 | /27/2015 | JUL | 272015 k |
| | , major , | -1/2/0 | UUL UUL | Ø |

WELLBORE SCHEMATIC

