| Office | State of New Mexico | Form C-103 |
|---|--|--|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | WELL API NO. 30-025-10693 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 5. Indicate Type of Lease |
| <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr. | | STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | |
| 87505 SUNDRY NOTICE | S AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | 7. Lease Name of Offit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | SKELLY PENROSE A UNIT 🖊 |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION | | 8. Well Number 48 |
| 2. No CO | | 9. OGRID Number |
| LEGACY RESERVES OPERATING LP SEP 1 4 2015 | | 240974 |
| 3. Address of Operator | | 10. Pool name or Wildcat |
| PO BOX 10848, MIDLAND, TX 79702 | | LANGLIE MATTIX; 7 RVRS-Q-GRYBG |
| 4. Well Location | N. S. A. L. W. Pales | |
| Unit Letter <u>H</u> : | 1980 feet from the NORTH line and | 660 feet from the EAST line |
| Section 9 Township 23S Range 37E NMPM County LEA | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | |
| | 3299' DF | |
| | | |
| E-PERMITTING <swd< th=""><th>INJECTION> licate Nature of Notice</th><th>e, Report or Other Data</th></swd<> | INJECTION> licate Nature of Notice | e, Report or Other Data |
| | EDM6 | . 1 |
| CONVERSION RBDMS SUBSEQUENT REPORT OF: | | |
| RETURN TO TA REMEDIAL WORK ALTERING CASING [| | |
| CSNGENVIRO_ | CHG LOC COMMENCE D | RILLING OPNS.□ P AND A 🛛 |
| INT TO PAP&A NR_M | P&A R CASING/CEME | NT JOB |
| OLOGED LOOD CYCTEM | · | |
| CLOSED-LOOP SYSTEM 🛛 OTHER: | □ OTHER: | П |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | |
| | SEE RULE 19.15.7.14 NMAC. For Multiple C | |
| proposed completion or recom | pletion. | |
| | | |
| | | |
| 08/27/15 MIRU plugging equipment. | | |
| | I, NU BOP. POH w/ tbg. RIH and set 5"CIBP | @ 3450'. Circulated hole w/ mud laden fluid. |
| Spotted 40 sx cement @ 3450-3061. | ted 35 or coment @ 2200 2021! WOC Togged | nlug @ 2050! Snotted 240 av coment @ |
| 2650-1217. WOC. | ted 35 sx cement @ 3300-3031'. WOC. Tagged | plug @ 3030. Spotted 240 sx cement @ |
| | ted 70 sx cement @ 1630-1212. WOC. Tagged | plug @ 1230'. Spotted 15 sx cement @ 60 to |
| surface. Verified cement @ surface and Rigged down and moved off. | | |
| 09/10/15 Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Wellhead". Removed | | |
| deadmen. Cleaned location and moved off. | | |
| | eel tanks. Hauled contents from Closed-Loop | System to approved NMOCD disposal |
| location according to Rule 19.15.17. | | |
| · · · · · · · · · · · · · · · · · · · | | |
| Spud Date: | Rig Release Date: | |
| Spud Bate. | Rig Release Date. | |
| • | | |
| I have by cartify that the information abo | ove is true and complete to the best of my knowled | dga and haliaf |
| Thereby certify that the information abo | ove is true and complete to the best of my knowled | age and benefi. |
| 1 | | |
| SIGNATURE WWW MG | TITLE <u>REGULATORY</u> | TECH DATE <u>09/11/2015</u> |
| | - | |
| Type or print nameLAURA PIN. | A E-mail address:lpina@leg | gacylp.com PHONE: _432-689-5200 |
| For State Use Only | 0 | 1 1 |
| VV a/M 1 | Kan Till + C | 1011/2018 A/11/2018 |
| APPROVED BY: 1 Valley 1 | Slown TITLE But Suf | WWW. DATE 1/17/2013 |
| Conditions of Approval (if any) | | CEP 1 E 2015 h |
| | | |