

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

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|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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 PROPOSALS.)         |  | WELL API NO.<br>30-025-11454  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION  |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b> |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP   |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>P.O. BOX 10848 MIDLAND, TX 79702  |  | 7. Lease Name or Unit Agreement Name<br>LANGLIE JAL UNIT  |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>1650</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>EAST</u> line<br>Section <u>5</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>59</u>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  | 9. OGRID Number<br>240974   |
|   |  | 10. Pool name or Wildcat<br>LANGLIE MATTIX; 7 RVRS-Q-GRYBG  |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: 5 YEAR MIT TEST-UIC PURPOSES ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/08/15 - 5 YEAR MIT. PRESSURE CASING TO 595#, HELD FOR 30 MINS. CHART ATTACHED.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 12/29/2015

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: B. Semanuel TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016



