Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 I625 N. French Dr., Hobbs, NM 88249	es Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Brance Bd. Action DM 8700 BECCHIER	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Xarta Fe, NM 87505	STATE FEE (1) 6. State Oil & Gas Lease No. (1)
1220 S. St. Francis Dr., Santa Fe, NM 87505	o. State Off & Gas Lease NO.
SUNDRY NOTICES 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	DENTON 8. Well Number 1
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator	9. OGRID Number
LEGACY RESERVES OPERATING LP	240974
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702	10. Pool name or Wildcat DENTON (DEVONIAN)
4. Well Location	
Unit Letter O : 990 feet from the SOUTH line and 1980 feet from the EAST line	
Section 11 Township 15S Range 37E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,788' GL	
3,700 02	
12 Charle American Strengther State Nature of Notice, Report or Other Data	
E-PERMITTING <swdinjec inn<="" td=""></swdinjec>	
CONVERSION RBDMS_MO SUBSEQUENT REPORT OF:	
CSNGENVIROCHG LOC] CASING/CEMENT JOB	
INT TO PA P&A NRP&A R	
OTHER: OTHER: MIT for TA	
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.	
proposed completion of recompletion.	
05/26/2015 Ran MIT, pressure casing to 560#, held for 30 minutes. Witnessed by George Bower-OCD. Chart attached. Well is now	
TA'd.	
This Approval of Temporary	
Abandonment Expires 5/26/2019	
Spud Date: Rig Release Date:	
states where a state of	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE AILAG MA TITLE COMPLIANCE COORDINATOR DATE 02/04/2016	
Newson	
Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200	
Malu XKan Dat & Dail	
APPROVED BY: MULLE DIST. SUPPRIVED ATE 24 2016	
Conditions of Approval (if an 5):	
	FEB 0 8 2016

