

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

Form C-103  
Revised July 18, 2013

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

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 PROPOSALS.)		WELL API NO. 30-025-34154
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name HOOD STATE
4. Well Location Unit Letter <u>F</u> : <u>2250</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>10S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3918' GL; 3936' KB		9. OGRID Number 240974
		10. Pool name or Wildcat CAM; DEVONIAN

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

E-PERMITTING <SWD <u>INJECTION</u> > CONVERSION <u>MB</u> RETURN TO <u>TA</u> CSNG <u>ENVIRO</u> CHG LOC INT TO PA <u>P&amp;A NR</u> P&A R	<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB	<input type="checkbox"/> ALTERING CASING <input type="checkbox"/> P AND A
OTHER: <input type="checkbox"/>	OTHER: MIT for TA extension <input checked="" type="checkbox"/>	

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.

03/30/16 Ran MIT, pressure casing to 560#, held ok. Witnessed by George bower-OCD, chart attached. Well is now TA'd.

This Approval of Temporary  
Abandonment Expires 3/30/2018

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 04/05/2016

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

For State Use Only

APPROVED BY: Mark S Brown TITLE Dist Supervisor DATE 4/13/2016

Conditions of Approval (if any):

APR 14 2016



MIDNIGHT

Graphic Controls

DATE

BR 2221

NOON

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

7

Legacy  
Hood St. #1

30-025-34154

F-25-105-32E

Cal. O. Date 12/1/15  
1000#  
Start 560#  
End 560#  
30 min

Signature  
12/1/15