| Submit 1 Copy To Appropriate District Office | State of New N | Form C-103 | | | | |
|--|-------------------------------------|----------------------------------|---|--------------------------------|-------------|--|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Na | , Minerals and Natural Resources | | Revised Aug | ust 1, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | / | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-10580 | | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of L | | M / | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | STATE 6. State Oil & Gas Le | | | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Santa 1 o, 1 an o 7 o o o | | 6. State Oil & Gas Le | ase No. | | |
| 87505 | | | * . | | 213 (7) | |
| 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 | | | 7. Lease Name or Unit Agreement Name LANGLIE MATTIX PENROSE SAND UNIT | | | |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well Other INJECTION | BBS OCO | 8. Well Number 3 | 64 | | |
| 2. Name of Operator | ATING LP | | 9. OGRID Number | 4 | V | |
| LEGACY RESERVES OPERA | ATING LP 7 APR 2 8 2016 | | 240974 10. Pool name or Wildcat | | | |
| 3. Address of Operator | OX 10848 MIDLAND, TX 79702 | | | LANGLIE MATTIX; 7 RVRS-Q-GRYBG | | |
| | 1X 19102 | ECEIVED | LANGLIE WATTIA, | / KVKS-Q- | OKIBU | |
| 4. Well Location | 2210 Conformal NODE | | 000 6 6 1 | FACT | 11 | |
| Unit Letter H | 2310 feet from the NORT | | 990 feet from the | | line | |
| Section 34 | Township 22S | Range 37E | NMPM | County | LEA | |
| | 11. Elevation (Show whether L | OR, RKB, RI, GR, etc. | | | | |
| | | | | | | |
| 12 Charle | A managariata Day to Indicate | Noture of Notice | Donart on Other Dat | ta | | |
| 12. Check A | Appropriate Box to Indicate | Nature of Notice, | Report or Other Dai | la | | |
| NOTICE OF IN | ITENTION TO: | SUB | SEQUENT REPO | RT OF | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | TERING CAS | SING [] | |
| | | | | ND A | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN | | | | NO A | | |
| DOWNHOLE COMMINGLE | MOETH LE COMP | CASINO/CEMEN | 1 300 | | | |
| DOVINITOLE COMMINITOLE | | | | | | |
| OTHER: | | OTHER: 5 YEAR | MIT TEST-UIC PURPO | SES | | |
| | oleted operations. (Clearly state a | Il pertinent details, an | d give pertinent dates, ir | ncluding esti | | |
| | ork). SEE RULE 19.15.7.14 NM. | | | | | |
| proposed completion or rec | completion. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 04/04/16 SEVEAD MIT DDEC | SCUDE CACING TO 5904 HELF | FOR 20 MINE WIT | NECCED BY CEODOL | DOWED A | IMOCD | |
| CHART ATTACHE | SSURE CASING TO 580#, HELD | FOR 30 MINS. WII | NESSED BY GEORGE | BOWEK-N | IMOCD, | |
| CHART ATTACHE | D. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| The state of the s | | | | | | |
| Spud Date: | Rig Release | Date: | | | | |
| | | | | | | |
| the Calif | | | to the second | | La Contract | |
| I hereby certify that the information | above is true and complete to the | best of my knowledg | e and belief. | | OB | |
| \cap | | | | | | |
| Laura Laura | | | | | | |
| SIGNATURE NUMBER W | TITLE_C | OMPLIANCE COOF | RDINATOR_DATE_ | 04/25/2016 | 5 | |
| Toma an anint areas I Alina DD | TA E II - J I | or Inin-Olesson | DIIONE | 122 (00 5 | 200 | |
| Type or print nameLAURA PIN | Ł-mail addres | s: <u>lpina@legacylp.c</u> | om PHONE: | 432-689-52 | 200 | |
| For State Use Only | | | | | | |
| APPROVED BY: 300 | ramah TITLE | Staff Manag | DATE | 4.29- | 16 | |
| Conditions of Approval (if any): | IIILL | - VIENDS | DATE | | | |
| - c (ii uii). | | | | | | |

ON

