Submit 1 Copy To Appropriate District Office	State of New Me			Form C-10	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Nati	ural Resources	WELL API NO.	Revised August 1, 20)11
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-10499	/		
811 S. First St., Artesia, NM 88210			5. Indicate Type of L	ease	5,19
District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		Control of the Contro	STATE	FEE 🛛	/
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	7505	6. State Oil & Gas Le	ase No.	
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 Un LANGLIE MATTIX PI		•
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other INJECTION	BRS OCT	8. Well Number 2.	52 /	
2. Name of Operator LEGACY RESERVES OPERA	TINGIP	DD0 0 2 20	9. OGRID Number 240974	1	8
3. Address of Operator	A	PR 2 8 2016	10. Pool name or Wil		Til.
P.O. BOX 10848 MIDLAND,		FOEWED	LANGLIE MATTIX;	7 RVRS-Q-GRYB	G
4. Well Location		ECEIVED	20 fact from the	EAST 15	1
Unit Letter <u>H</u> : Section 28	Township 22S	H line and 3 Range 37E	feet from the NMPM	EAST lin	
Section 28	11. Elevation (Show whether DE		INIVIEW	County EEA	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS. PA	TERING CASING [
OTHER:			MIT TEST-UIC PURPO		
of starting any proposed we proposed completion or rec		C. For Multiple Com	pletions: Attach wellb	ore diagram of	
CHART ATTACHE	SSURE CASING TO 575#, HELD I	FOR 30 MINS. WITE	NESSED BY CARL FI	OWERS-NMOCL	
Spud Date:	Rig Release D	Pate:			
I hereby certify that the information	above is true and complete to the L	past of my knowledge	and helief		7
1 hereby certify that the information	above is true and complete to the t	best of my knowledge	and belief.	CF	
SIGNATURE HUMMA	TITLE_CC	OMPLIANCE COORI	DINATOR DATE	04/26/2016	
Type or print name LAURA PIN	NA E-mail address:	: lpina@legacylp.co	m PHONE:	432-689-5200	A K
For State Use Only			200		
APPROVED BY: Conditions of Approval (if any):	manah TITLE S	Staff Manage	DATE	4-29-16	

