

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JUL 20 2018**RECEIVED**

WELL API NO.

30-025-24797

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NEW MEXICO 8 STATE

8. Well Number 3

9. OGRID Number

240974

10. Pool name or Wildcat
FLYING M; SAN ANDRES

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

LEGACY RESERVES OPERATING LP

3. Address of Operator

PO BOX 10848, MIDLAND, TX 79702

4. Well Location

Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST lineSection 8 Township 9S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4395' GL

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 ☐CLOSED-LOOP SYSTEM ☐OTHER: Request to extend TA ☒

SUBSEQUENT REPORT OF:

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

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.

Legacy Reserves, requests a 2 year extension of TA status on the subject well. This time should allow for a thorough evaluation of recompletion potential in the well and implementation of recompletion.

Note: Well was TA'd with CIBP set at 4,300' w/2sxs cement on top on August 02, 2014. Casing held 500 psi pressure and was charted.

Condition of Approval: notify**OCD Hobbs office 24 hours****prior of running MIT Test & Chart**

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 07/18/2018

Type or print name Laura Pina

E-mail address: lpina@legacylp.com

PHONE: 432-689-5200

For State Use Only

APPROVED BY:

Maley Brown

TITLE

AO/I

DATE

7/23/2018

Conditions of Approval (if any):

NO PROD REPORTED - 64 MONTHS