Submit I Copy To Appropriate District State of New Mex Office	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	S WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION	SIVISION 30-025-24797
District III - (505) 334-6178 1220 South St. Fran	5. Indicate Type of Lease     STATE     STATE     State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 Santa Fe, NMO	50 50 50 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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 PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	G BACK TO A
PROPOSALS.)	8. Well Number 199
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	10. Pool name or Wildcat
PO BOX 10848, MIDLAND, TX 79702	FLYING M; SAN ANDRES
4. Well Location Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST line	
Unit Letter   N   : 660   feet from the   SOUTH   line and   1980   feet from the   WEST   line     Section   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: SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. P AND A
DOWNHOLE COMMINGLE	
OTHER:	OTHER: MIT for TA extension
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.	
07/30/18 Ran MIT, pressure casing to 560#. Witnessed by George Bower-NMOCD, chart attached.	
This Approval of Temporary	
Abandonment Expires 7/30/2020	
	• /
Spud Date: Rig Release Da	
Spud Date: Rig Release Da	e.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE (UND Was TITLE Compliance Coordinator DATE 08/02/2018	
SIGNATORE	
Type or print name   Laura Pina   E-mail address:   lpina@legacylp.com   PHONE:   432-689-5200	
For State Use Only 1 1 1	
APPROVED BY: WALLY DIAW RITLE HO/I DATE 8/7/2018	
Conditions of Approval (if aby):	

RBAMS-CHART-~

