Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161 HOBBS Energy, Minerals and Natural Resources	Form C-103
	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 811 S. First St. Artesia NM 88210 APR 1 5 2019 CONSERVATION DIVISION	WELL API NO. 30-025-37178
811 S. First St., Artesia, NM 88210 AF N V OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 RECEIVED 20 South St. Francis Dr. District IV – (505) 476-3460 12005 St. Ferencie Dr. Sente Fo. NM	STATE 🔲 FEE 🛛
District IV – (505) 476-3460 REVE Santa Fe, INIVI 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	TOWNSEND 8. Well Number 1
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator LEGACY RESERVES OPERATING LP	9. OGRID Number 240974
3. Address of Operator	10. Pool name or Wildcat
PO BOX 10848, MIDLAND, TX 79702	BRONCO; WOLFCAMP
4. Well Location Unit Letter <u>A</u> : <u>530</u> feet from the <u>NORTH</u> line and <u>3</u>	330 feet from the EAST line
Section <u>10</u> Township 13S Range 38E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) and the second s
3819' GL	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON 🛛 CHANGE PLANS 🔲 COMMENCE DRILLING OPNS. 🗌 P AND A 🗌	
PULL OR ALTER CASING D MULTIPLE COMPL CASING/CEMENT JOB	
CLOSED-LOOP SYSTEM	
 Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion. 	
Legacy Reserves is requesting the TA status of the well to be extended for one ye	ar as we explore options for the wellbore.
Condition	
OCD to Of Ann	
Condition of Approval: notify OCD Hobb: office 24 hours prior of running MIT Test & Chart Spud Date:	
of Funding boundary	
	MIT Towns
Spud Date: Rig Release Date:	ant.
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE TITLE Compliance Coordin	natorDATE_04/12/2019
Type or print name <u>Laura Pina</u> E-mail address: <u>lpina@legacyl</u>	p.com PHONE: <u>432-689-5200</u>
For State Use Only	
APPROVED BY: Kerry Firthe	
Conditions of Approval (if an p :	

