Submit One Copy To Appropriate District	State of New Mexico	•	Form C-103	
District I	ergy, Minerals and Natural F	Resources WELL API	Revised November 3, 2011	
District II	1625 N. French Dr., Hobbs, NM 88240		41	
Submit One Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 1000 District III 1000 Pice Proces Rd. Artes NM 87440 1500 District III 10		5. Indicate	Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87460		STA	TE FEE	
District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 601 District III 1000 Rio Brazos Rd., Aztec, NM 87440 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oi	l & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease N	ame 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.)		CH		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 4	
2. Name of Operator LEGACY RESERVES OPERATING LP		9. OGRID 240974		
3. Address of Operator			10. Pool name or Wildcat	
PO BOX 10848, MIDLAND, TX 79702		Denton; De	vonian	
4. Well Location				
Unit Letter P: 660 feet from the South line and 660 feet from the East line				
Section 02 Township 15S Range 37E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
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			☐ ALTERING CASING ☐	
				
PULL OR ALTER CASING N	MULTIPLE COMPL 🔲 CA	SING/CEMENT JOB		
OTHER:				
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.				
Totalion, except for army 5 distribution inhastracture.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
SIGNATURE MUNICIPALITY	TITLE_Com;	oliance Coordinator	DATE <u>04/03/2019</u>	
TYPE OR PRINT NAME LAURA P	'INA E-MAIL: Ir	nina@legacylp.com	PHONE: 432-689-5273	
For State Use Only				
APPROVED BY: Xem to	TITLE CAN	slice of Mer	A DATE 5-31-19	
Conditions of Approval (if any):	ille U	juine your	A DAILY JIII	