	Submit 1 Copy To Appropriate District	State of N	New Me	xico		Form C-103	
	Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources			WELL API NO.	Revised July 18, 2013	
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OU CONCERNATION DIVISION			30-025-38292		
	811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of I		
•	1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 🛛 6. State Oil & Gas L		
	1220 S. St. Francis Dr., Santa Fe, NM 87505				case INO.		
	SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Ur	nit Agreement Name	
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				DH 5 State		
	1. Type of Well: Oil Well Gas Well Other				8. Well Number 1		
	2. Name of Operator			9. OGRID Number			
	LEGACY RESERVES OPERATING LP 3. Address of Operator				240974 10. Pool name or Wi	Idcat	
	PO BOX 10848, MIDLAND, TX 79702				X-4 Ranch; Morrow	(Gas)	
	4. Well Location						
	Unit Letter I	<u>2160</u> feet from the		line and <u>660</u>	feet from the		
	Section 05	Township 10 11. Elevation (Show whe		Range 34E	NMPM	County LEA	
		4246' GR					
	12. Check	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
		NTENTION TO:	•		SEQUENT REPO		
				REMEDIAL WORK			
	TEMPORARILY ABANDON			COMMENCE DRIL CASING/CEMENT			
				of long of lenent			
			_				
	OTHER: OTHER: Recomplete well to Atoka 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates_including estimated date						
						oore diagram of	
	proposed completion or recompletion.						
					AUG 132019		
	12/15/18: MIRU PU.			RECEIVED			
					RECE		
	12/27/18: Perf Atoka fr/11,603'-11,612'. 01/09/19: Frac Atoka w/231 bbls 85% 2% KCl wtr 15% Methonal & 9200# 20/40 Carbobond Lite.						
01/29/19: Turn wells to sales line.							
	ن منطق المحمد ا						
	8 I.S		1. D	· · · · ·			
	Spud Date:	Kig Ke	elease Da	te:		•	
	I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
	Ψ_{-}						
	SIGNATURE All ha		E <u>Comp</u>	liance Coordinator	DATE	08/12/2019	
	Type or print name <u>Laura Pina</u>	F-mai	l address [.]	lpina@legacylp.c	om PHONE	E: <u>432-689-5273</u>	
	For State Use Only						
			,	Petroleum Engi	incer DATE	08/13/19	
	APPROVED BY: Conditions of Approval (1) any):	TITLE	<u> </u>		DATE_	10117167	
	L						