Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELLAPINO	
District II - (575) 748-1283	OIL CONSERVATION TO BE	30-025-28088	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	CTATE FFF DO	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8750ful 3	0 2020 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NO	FICES AND REPORTS ON WELLS RECE OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Lease Name or Unit Agreement Name Langlic Mattix Penrose Sand Unit	
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 311	
1. Type of Well: Oil Well	Gas Well Other		
2. Name of Operator	ACY RESERVES OPERATING LP	9. OGRID Number 240974	
3. Address of Operator	ACT RESERVES OF ENATING LF	10. Pool name or Wildcat	
	BOX 10848, MIDLAND, TX 79702	Langlie Mattix;7 Rvrs-Queen-Grayburg	
4. Well Location Unit Letter A	: 150 feet from the NORTH line a	nd 1310 feet from the <u>EAST</u> line	
Unit Letter A Section 27		THE NMPM County LEA	
	11. Elevation (Show whether DR, RKB, RT, G		
	3331' GL		
12. Check	Appropriate Box to Indicate Nature of No	otice. Report or Other Data	
PERFORM REMEDIAL WORK)	SUBSEQUENT REPORT OF: WORK ALTERING CASING	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A	
PULL OR ALTER CASING [EMENT JOB	
DOWNHOLE COMMINGLE [CLOSED-LOOP SYSTEM [-	•	
OTHER:	☐ 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.			
	•		
We are requesting the subject	well be placed in TA status for four years due to t	he current situation the oil industry is in.	
Procedure:	na Dili mist Cipp Cas Cipp as 2 4522 and annual	with 262 of a county Taranaman Ara Circulate	
	ent, RIH with CIBP. Set CIBP at 3,452' and cap wet fluid. Notify OCD for MIT and perform MIT or		
		Condition of Approval: notify	
		OCD Hobbs office 24 hours	
Spud Date:	Rig Release Date: Price	or of running MIT Test & Chart	
Spud Date.	Rig Release Date.	c Chart	
I hereby certify that the information	n above is true and complete to the best of my kno	owledge and belief.	
M			
SIGNATURE TITLE COMPLIANCE COORDINATOR DATE 7/23/2020			
Type or print name <u>MELANIE REYES</u> E-mail address: <u>mreyes@legacyreserves.com</u> PHONE: <u>432-221-6358</u>			
For State Use Only			
APPROVED BY:	APPROVED BY: New York TITLE () H DATE /-31-20		
Conditions of Approval (if any):		/	