| Submit 1 Copy To Appropriate District Office   | Sta                        | ate of New M      | exicRec'd 05/21/2    | 2020 - NMO                                 | CD          | Form C-103            |
|--|----------------------------|-------------------|----------------------|--|-------------|-----------------------|
| <u>District I</u> – (575) 393-6161   | Energy, Mi                 | nerals and Nat    | ural Resources       |  |             | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |                            |                   |                      | WELL API                                   |             | 22502                 |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION  |                   |                      | 30-015-32583<br>5. Indicate Type of Lease  |             |                       |
| District III – (505) 334-6178  | 1220 South St. Francis Dr. |                   |                      | STATE FEE                                  |             |                       |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  | Santa Fe, NM 87505         |                   |                      | 6. State Oil                               |             |                       |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                            |                   |                      |  |             |                       |
| SUNDRY NOTICES AND REPORTS ON WELLS  |                            |                   |                      |  |             | 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  |                            |                   |                      | COYOTE STATE                               |             |                       |
| PROPOSALS.)  |                            |                   |                      | 8. Well Num                                | iber 3Y     |                       |
| 1. Type of Well: Oil Well Gas Well Other   |                            |                   |                      |  |             |                       |
| Name of Operator     LEGACY RESERVES OPERATING LP  |                            |                   |                      | 9. OGRID Number<br>240974                  |             |                       |
| 3. Address of Operator   |                            |                   |                      | 10. Pool name or Wildcat                   |             |                       |
| P.O. BOX 10848, MIDLAND, TX 79702  |                            |                   |                      | MALJAMAR; GB-SA                            |             |                       |
| 4. Well Location   |                            |                   |                      |  |             |                       |
| Unit Letter <u>I</u> :   | 1650feet fro               | m the SOUT        | H line and           | 840 feet                                   | from the    | EAST line             |
| Section 36   | Town                       | ship 17S          | Range 31E            | NMPM                                       | 1           | County EDDY           |
|  | 11. Elevation (Si          | how whether DR    | , RKB, RT, GR, etc.) |  |             |                       |
|  | d .                        | 3834' GL          |                      | 1  |             |                       |
|  |                            |                   |                      |  |             |                       |
| 12. Check  | Appropriate Box            | to Indicate N     | ature of Notice,     | Report or Ot                               | ther Data   |                       |
| NOTICE OF IN   | TENTION TO                 |                   | SUBS                 | SEQUENT                                    | REPOR       | T OF:                 |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   |                            |                   |                      |  |             | RING CASING           |
| TEMPORARILY ABANDON ☑ CHANGE PLANS ☐ COMMENCE DRIL   |                            |                   |                      | LING OPNS.                                 |             |                       |
| PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT  |                            |                   |                      |  |             |                       |
| DOWNHOLE COMMINGLE   |                            |                   |                      |  |             |                       |
| CLOSED-LOOP SYSTEM   |                            | _                 |                      |  |             | _                     |
| OTHER:   | latad anamatiana (         | Clearly state all | OTHER:               |  | J. 4        |                       |
| 13. Describe proposed or comp  |                            |                   |                      |  |             |                       |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  |                            |                   |                      |  |             |                       |
| proposed completion of rec   | ompiction.                 |                   |                      |  |             |                       |
|  |                            |                   |                      |  |             |                       |
|  |                            |                   |                      |  |             |                       |
| We are requesting the subject well be placed in TA status for four years due to the current situation the oil industry is in.  |                            |                   |                      |  |             |                       |
|  |                            |                   |                      |  |             |                       |
| Procedure:   |                            |                   |                      |  |             |                       |
|  | t. RIH with CIBP.          | Set CIBP at 3.80  | 99' and cap with 35' | of cement. Ta                              | g cement to | op. Circulate         |
| POH with production equipment. RIH with CIBP. Set CIBP at 3,809' and cap with 35' of cement. Tag cement top. Circulate well and load casing with inert fluid. Notify OCD for MIT and perform MIT on well. Wellbore diagram attached. |                            |                   |                      |  |             |                       |
|  |                            |                   |                      |  |             |                       |
|  |                            |                   |                      | may be granted after a                     |             |                       |
|  |                            |                   |                      | performed. Contact the test so it may be w |             |                       |
|  |                            |                   | Last Produ           |  | itiresseu.  |                       |
|  |                            |                   | Last Flout           |  |             |                       |
|  |                            |                   |                      | 5/1/2018                                   |             |                       |
| Spud Date:   |                            | Rig Release Da    | te:                  |  |             |                       |
|  |                            |                   |                      |  |             |                       |
|  |                            |                   |                      |  |             |                       |
| I hereby certify that the information  | above is true and co       | omplete to the be | est of my knowledge  | and belief.                                |             |                       |
| 20-1   |                            |                   |                      |  |             |                       |
| SIGNATURE  | 7-                         | TITLE COM         | PLIANCE COORD        | INATOR DA                                  | ATE 05      | 5/20/2020             |
| 1  |                            |                   |                      |  |             |                       |
| Type or print nameMELANIE  | <u>REYES</u> 1             | E-mail address:   | mreyes@legacyre      | serves.com_                                | PHONE: _    | 432-689-5200          |
| For State Use Only   |                            |                   |                      |  |             |                       |
| APPROVED BY: Gilbert   | Cordero                    | TITLE             | StallMI              | IR.  | DATE        | 5/26/2020             |
| Conditions of Approval (if any):   | www.                       | _IIILE            | Curry Miles          | <i>y</i> / C                               | DATE        |                       |
| conditions of ripprovate (if ally).  |                            |                   | 0                    |  |             |                       |

Printed:

5/20/2020

