

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

EMNRD-OCD ARTESIA  
 REC'D: 4/27/2020

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. 30-015-32565
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name COYOTE STATE
4. Well Location Unit Letter <u>H</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>400</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number <u>7</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3845' GL		9. OGRID Number 240974
10. Pool name or Wildcat Maljamar; GB SA		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 the current situation the oil industry is in.

Procedure:

POH with production equipment. RIH with CIBP. Set at 3550' and cap with 35' cement. Tag cement top. Notify OCD for MIT and perform MIT on well. Wellbore diagram attached.

**Circulate well and load casing with inert fluid**

TA status may be granted after a successful MIT test is performed. Contact the OCD to schedule the test so it may be witnessed.

Spud Date:

Rig Release Date:

Last Production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 04/27/2020

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

**For State Use Only**

APPROVED BY: Gilbert Cordero TITLE Staff Mgr DATE 4/28/2020  
 Conditions of Approval (if any):