

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-24797
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NEW MEXICO 8 STATE
8. Well Number 3
9. OGRID Number 240974
10. Pool name or Wildcat FLYING M; SAN ANDRES

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.)

1. Type of Well: Oil Well Gas Well Other **HOBBS OCD**

2. Name of Operator
LEGACY RESERVES OPERATING LP **AUG 18 2014**

3. Address of Operator
PO BOX 10848, MIDLAND, TX 79702 **RECEIVED**

4. Well Location
 Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST line
 Section 8 Township 9S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4395' GL

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

E-PERMITTING <input type="checkbox"/> P&A NR <input type="checkbox"/> P&A R <input type="checkbox"/> INT TO P&A <input type="checkbox"/> CSNG <input type="checkbox"/> CHG Loc <input type="checkbox"/> TA <input checked="" type="checkbox"/> RBDMS CHART <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: 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: TEMPORARILY ABANDON <input checked="" type="checkbox"/>
--	---

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.

08/04/14 - RAN MIT, PRESSURE CASING TO 500#, HELD FOR 30 MINS. NMOCD NOTIFIED, BUT DID NOT WITNESS. CHART ATTACHED.

This Approval of Temporary Abandonment Expires 8/4/2016

Spud Date: Rig Release Date:

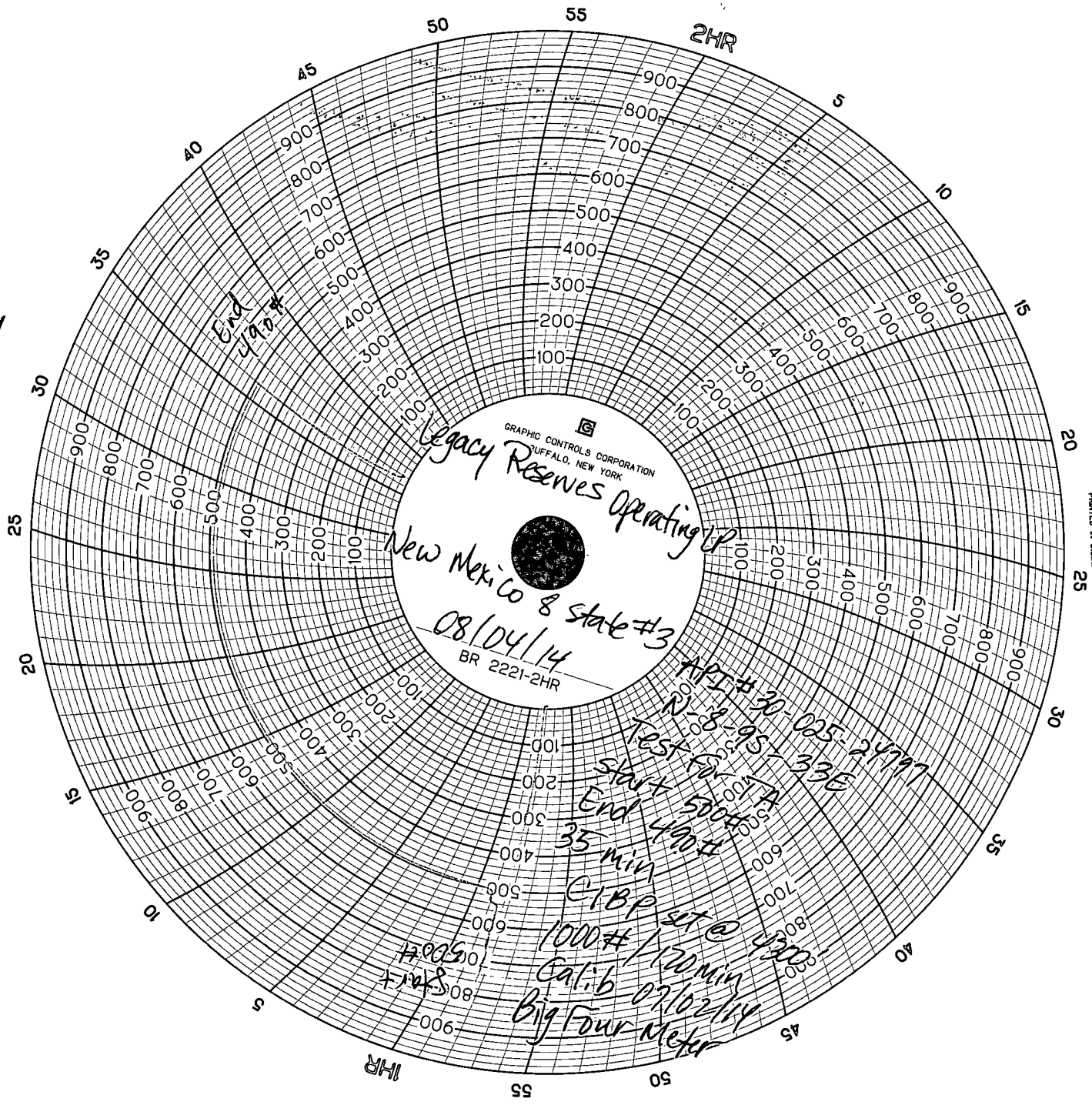
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Craig Sparkman TITLE OPERATIONS ENGINEER DATE 08/15/2014
 Type or print name CRAIG SPARKMAN E-mail address: PHONE: 432-689-5200
For State Use Only

APPROVED BY: Bill Senamoh TITLE Staff Manager DATE 8/28/2014
 Conditions of Approval (if any):

SEP 02 2014

ASL



OPERATOR: Legaci
LEASE: New Mexico State
LSE WELL NO: 3

TIME	TUBING	CASING	SURF / CASING
INITIAL	<u>0</u>	<u>195</u>	<u>0</u>
15 min.	<u>0</u>	<u>195</u>	<u>0</u>
30 - MIN.	<u>0</u>	<u>195</u>	<u>0</u>

TRUCK OPERATOR Scott Washburn (STATE Line Trucking)
DATE 8-1-14
WITNESS _____

BS 8/28/2014