Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-32857	
District III - (505) 334-6178	<u>strict III</u> – (505) 334-6178 1220 South St. Francis DO		5. Indicate Type of Lease STATE STATE FEE S	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS AND REPORTS ON RE				
	ICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLU		7. Lease Name or Unit Agree	ement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			COOPER JAL UNIT	~
1. A type of Well: Oil Well 🛛 Gas Well 🗌 Other			8. Well Number 410	
2. Name of Operator LEGACY RESERVES OPERATING LP			9. OGRID Number 240974	-
3. Address of Operator			10. Pool name or Wildcat	
PO BOX 10848, MIDLAND, TX 79702			Langlie Mattix; 7R-Q-G	
4. Well Location Unit Letter F : 1425 feet from the NORTH line and 1450 feet from the WEST line				
Unit Letter <u>F</u> Section 24	<u>1425</u> feet from the <u>NORT</u> Township 24S	Range 36E		EST line ounty LEA
				and the second se
3324' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				G CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB []	
CLOSED-LOOP SYSTEM				
OTHER: Request to extend T		OTHER:	aire nortinent dates including	
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.				
Legacy Reserves requests extension of TA status for the subject well. Our plans still require makeup water in the future. Our plan				
is to return this well to water production once it's economical to do so. <u>Procedure:</u> Condition of Approval: notify App				
Procedure: Condition of Approve				
Procedure: Notify OCD and preform a MIT on the well upon approval on this notice. OCD Hobbs office 24 hours				
Notify OCD and preform a MIT on the went upon approval on this notice. OCD Hobbs office 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2				
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Spud Date:	Rig Release Da	nte:		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
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SIGNATURE AUNO MA	TITLECo	mpliance Coordinat	orDATE_12/28/20)18
Type or print name <u>Laura Pina</u> E-mail address: <u>lpina@legacylp.com</u> PHONE: <u>432-689-5200</u>				
For State Use Only				
APPROVED BY: Gener TITLE ompliance Superison DATE 1/2/19				
Conditions of Approval (if any):				

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