HOBBS OCD

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Submit One Copy To Appropriate Bistrict Office	State of New Me	exico		Form C-103
Office  District I  District II  OH CONSERVATION DIVISION			January 20, 2011	
1625 N. French Dr., Hobbs, NM 8824	1625 N. French Dr., Hobbs, NM 8824		WELL API NO. / 30-025-11899	
1301 W. Grand Ave., Artesia, NM 88210	OIL COMBERVATION DIVISION		5. Indicate Typ	ne of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	•		B-229	
	CES AND REPORTS ON WELLS	3	7. Lease Name	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			ARNOTT R	AMSAY F
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			0 11/11/1	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 2	
2. Name of Operator			9. OGRID Number	
LEGACY RESERVES OPERATING LP  3. Address of Operator			240974 10. Pool name or Wildcat	
P.O. BOX 10848 MIDLAND, TX 79702			Langlie Mattix, 7 Rvrs-Qn-Grayburg	
4. Well Location				/ 22110 Q11 010J0m2g
	eet from the NORTH line and 330	feet from the FAST I	ine	
	p <u>25S</u> Range <u>37E</u> NMPM	County LEA	inc	
Section <u>20</u> Townsin	11. Elevation (Show whether DR		\$^ .	
			· ·	
12. Check Appropriate Box to	Indicate Nature of Notice, F	Report or Other D	ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	_	
_	_		_	
OTHER:				spection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAM	PED ON THE MARKER'S SUR	<u>FACE.</u>		
☐ The location has been leveled as	s nearly as possible to original grou	nd contour and has h	seen cleared of a	ll junk trach flow lines and
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.				
All metal bolts and other materia	ls have been removed. Portable ba	ses have been remov	ed. (Poured ons	ite concrete hases do not have
to be removed.)			ou. (I ourve ons	no concrete buses do not nuve
	ns have been addressed as per OCD			
Pipelines and flow lines have be retrieved flow lines and pipelines.	en abandoned in accordance with 1	9.15.35.10 NMAC.	All fluids have	been removed from non-
	remaining well on lease, all electri-	cal service, notes and	llines not to inc	lude primary service
If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service company equipment, has been removed from lease and well location.				
When all work has been completed, r	eturn this form to the appropriate I	District office to sche	dule an inspection	on.
$\mathcal{A}$				
SIGNATURE	TITLE Production	<u>Superintendent</u>	DATE	06/16/2011
SIGNATORE	TITLE Floduction	Superintendent	DATE	06/16/2011
TYPE OR PRINT NAME Berry.	Johnson E-MAIL:		PHONE	<u>432-689-5200</u>
For State Use Only		_	•	
APPROVED BY	X:41.	in olis	All.	02/11/2
APPROVED BY: Wach Conditions of Approval (if any):	TITLE (	emphance	JATILET	DATE UITI ZON
Conditions of Approval (II ally).		•	1111 11 11	DATE 07/11/2011 2011 \( \square \)
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