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Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised November 3, 2011	
1625 N French Dr , Hobbs, NACOBS OCD			WELL API NO. 30-025-20208	
811 S. First St. Artasia NM 88210	District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III DEC 14 2011 1000 Rio Brazos Rd., Aztec, NW 87410 District IV Santa Fe. NM 87505		ncis Dr.	STATE F	EE 🛛
		7505	6. State Oil & Gas Lease N	lo.
1220 S 'St. Francis Dr., Santa Fe, NM 87505 RECEIVED				
SUNDRY NOTICE	S AND REPORTS ON WELLS		7. Lease Name or Unit Agr	reement 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			Learcy McBuffington	
PROPOSALS.)			8. Well Number 14	
1. Type of Well: Oil Well Gas Well Other			9. OGRID Number	
2. Name of Operator LEGACY RESERVES OPERATIN	G LP	1	240974	
3. Address of Operator			10. Pool name or Wildcat	
P.O. BOX 10848 MIDLAND, TX 79702			Justis; Blineberry-Tubb-l	Drinkard '
4. Well Location				
Unit Letter P: 330 feet from	om the South line and 990 feet	from the East line		
	25S Range 37E NMPM	County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3088' KB				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
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OTHER:	liones with OCDles 14		dy for OCD inspection aft	
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				
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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 STAMPED ON THE MARKER'S SURFACE.				
				
The location has been leveled as ne	arly as possible to original grou	and contour and has be	en cleared of all junk, trash	i, 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, produc	tion equipment and junk ha	ive been removed
from lease and well location.	h 1. D. / 11. 1.	1 1	1.70	
All metal bolts and other materials h to be removed.)	ave been removed. Portable ba	ises nave been remove	d. (Poured onsite concrete	bases do not have
All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been	abandoned in accordance with	19.15.35.10 NMAC. A	All fluids have been remove	ed from non-
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
location, except for utility's distribution	infrastructure	cal service poles and I	ines have been removed fro	om lease and well
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When all work has been completed, retu	ry this form to the appropriate I	District office to sched	ule an inspection.	
SIGNATURE DUM	how TITLE O	perations Superintende	ent DATE 12/12/11	
TVDE OD DDD VENANCE AS A				
TYPE OR PRINT NAME Berry John For State Use Only	son E-MAIL:		PHONE: 432-689-5	<u>5200</u>
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APPROVED BY: Warhle	witchen TITLE	oupline (HICEN DATE	12-20-2011
Conditions of Approval (if any):				4