

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

HOBBES OGD  
AUG 09 2012  
RECEIVED

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

WELL API NO. <b>30-025-10554</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>685270</b>
7. Lease Name or Unit Agreement Name: <b>Skelly Penrose A Unit</b>
8. Well No. <b>6</b>
9. OGRID Number <b>240974</b>
10. Pool name or Wildcat <b>Langlie Mattix, 7-Rvrs-Queen-Grbg</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3332 GR</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 **Injection**

2. Name of Operator  
**Legacy Reserves Operating LP**

3. Address of Operator  
**PO Box 10848, Midland, TX 79702**

4. Well Location  
Unit Letter **L** : **1980** feet from the **South** line and **660** feet from the **West** line  
Section **33** Township **22S** Range **37E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3332 GR**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/27/12 MIRU plugging equipment.  
07/30/12 Dug out cellar. ND wellhead, NU BOP. Unset packer. POH w/ tbg and packer.  
Pick up workstring. RIH open ended. Tagged CIBP @ 3456'.  
07/31/12 Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 3456-3088'. POH to 2500. WOC. Tagged plug @ 3103'.  
Spotted 100 sx cement @ 2500-1053'. POH w/ tbg. ND BOP. WOC. Tagged plug @ 1020'. Perf'd csg @ 175'. Set packer at 34'. Sqz'd 50 sx cement and displaced to 100'. (per Mark Whitaker). WOC.  
08/01/12 Tagged plug @ 98'. Perf'd csg @ 75'. Set packer @ 34' and Sqz'd 25 sx cement to surface. (Per Mark Whitaker).  
Rigged down moved off.  
08/03/12 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground" Dry Hole Marker.  
Backfilled cellar. Removed deadmen. Cleaned location and moved off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/ocd.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Laura Piña TITLE Regulatory Tech DATE 08/08/2012

Type or print name Laura Piña E-mail address: \_\_\_\_\_ Telephone No. 432-689-5200  
For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr. DATE 8-13-2012  
Conditions of Approval (if any): \_\_\_\_\_

AUG 14 2012