

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
 August 1, 2011

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

WELL API NO. 30-025-10596
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Skelly Penrose A Unit
8. Well Number 38
9. OGRID Number 240974
10. Pool name or Wildcat Langlie Mattix;7Rvrs-Queen-Grayburg

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

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

4. Well Location
 Unit Letter **N** : **740** feet from the **South** line and **2000** feet from the **West** line
 Section **3** Township **23-S** Range **37-E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3297

NOV 14 2013

RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

10/24/13 MIRU plugging equipment. ND wellhead NU BOP. RIH open ended to 3116'.
 10/25/13 Spotted 25 sx cement @ 3116-3016. WOC. Tagged plug @ 2978'. RIH w/ 7" packer and isolated hole in casing @ 1881'. Set packer above hole and pressured up to 1100 psi.
 10/28/13 RIH w/ tbg to 2970'. circulated hole w/ mud laden fluid. Spotted 45 sx cement @ 2260-2060'. WOC. Tagged plug @ 2007'. Spotted 50 sx cement @ 2003-1781'. Pulled out of cement. WOC.
 10/29/13 Tagged plug @ 1675'. Spotted 40 sx cement w 2 % CACL @ 219' to surface. rigged down moved off.
 10/30/13 MI welder and backhoe. dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. Back filled cellar. Cut off and removed deadmen. Cleaned location and Moved off.

P/A'd.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE Kevin Bracey TITLE OPERATIONS SUPERINTENDENT DATE 11/11/2013

Type or print name KEVIN BRACEY E-mail address: _____ PHONE: 432-689-5200

For State Use Only

APPROVED BY: Mary Brown TITLE Compliance Officer DATE 11/19/2013

Conditions of Approval (if any):

NOV 19 2013