Submit I Copy To Appropriate District Office	State of lifew Mexico			Form C-103
District I – (575) 393-6161	Energy, Minerals and I	Natural Resources	WELL API NO.	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OM CONCERNAL TO		30-025-11293	
811 S. First St., Artesia, NM 88210	OIL CONSERVATI		5. Indicate Type of	Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. 1		STATE	FEE 🛛
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas I 309574	Lease No.
87505 SUNDRY NOT	CES AND REPORTS ON WE	LLS	7. Lease Name or U	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO DEEPEN OF CATION FOR PERMIT" (FORM C-10	R PLUG BACK TO A 1) FOR SUCH	LANGLIE JAL U	JNIT ,
1. Type of Well: Oil Well	Gas Well Other INJECT	ION	8. Well Number	, ,
2. Name of Operator LEGACY RESERVES OPERA	,	HO35 2014	9. OGRID Number 240974	
3. Address of Operator P.O. BOX 10848 MIDLAND,		VICE 3 & 5018	10. Pool name or W	√ildcat + √x; 7 RVRS-Q-GRYBG
4. Well Location		RECEIVED In and	BININGERE MINITIN	i, / it vito Q ditibo
Unit Letter \underline{H} :	2310 feet from the NOI	RTH line and	330 feet from the	he <u>EAST</u> line
Section 31	Township 24S	Range 37E	NMPM	County LEA
	11. Elevation (Show whether			
Hart Hart Was	3243' GL			
12. Check A	Appropriate Box to Indicat	e Nature of Notice,	Report or Other D	ata
NOTICE OF IN	TENTION TO:	SLIB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 🔲	
DOWNHOLE COMMINGLE				•
OTHER:	П	OTHER: 5 YEAR	MIT TEST	×
13. Describe proposed or comp	ork). SEE RULE 19.15.7.14 N	all pertinent details, an	d give pertinent dates,	
07/25/14 – 5 YEAR MIT. PRES	SURF CASING TO 540# HFI	D FOR 30 MINS CH.	ART ATTACHED	
01/25/14 - 3 1 L/MCWIT. 1 RES	SORE CRISING TO SHOW, THE	ED I OK 30 MINO. CIII	ant At thereb.	
		<u> </u>		_
Spud Date:	Rig Releas	e Date:		
Spud Date:	Rig Reicas	e Date.		
I hereby certify that the information	above is true and complete to t	he best of my knowleds	e and belief.	
	1	,		
SIGNATURE LAMATIVA	TITLE	REGULATORY TEC	CHDATE	08/21/2014
Type or print nameLAURA PIN	IAE-mail addr	ess:	PHON	E: <u>432-689-5200</u>
For State Use Only				
APPROVED BY:	100 and TITI F	Staff Ma	Jacer DATI	9/3/2014
Conditions of Approval (if any):				
FOR	RECORD ONLY		SEP 0 4 2014	
				1

