

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  
Revised August 1, 2011

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

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|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)               |  | WELL API NO.<br>30-025-10379   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input checked="" type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP  |  | 6. State Oil & Gas Lease No.   |
| 3. Address of Operator<br>P.O. BOX 10848 MIDLAND, TX 79702   |  | 7. Lease Name or Unit Agreement Name<br>Langlie Mattix Penrose Sand Unit   |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line<br>Section <u>21</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>521</u>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  | 9. OGRID Number<br>240974  |
|  |  | 10. Pool name or Wildcat<br>LANGLIE MATTIX; 7 RVRS-Q-GRYBG   |

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 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: 5 YEAR MIT TEST <input checked="" 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.

07/24/14 - 5 YEAR MIT. PRESSURE CASING TO 560#, HELD FOR 30 MINS. CHART ATTACHED.

Spud Date:

Rig Release Date:

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

SIGNATURE Laura Pina TITLE REGULATORY TECH DATE 08/26/2014

Type or print name LAURA PINA E-mail address: \_\_\_\_\_ PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Savanah TITLE Staff Manager DATE 9/6/2014

Conditions of Approval (if any):

FOR RECORD ONLY

SEP 12 2014

*[Handwritten initials]*

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