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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-37178

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

HOBBS OCD

7. Lease Name or Unit Agreement Name: TOWNSEND

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well Number 1

2. Name of Operator: LEGACY RESERVES OPERATING LP

OCT 16 2014

9. OGRID Number: 240974

3. Address of Operator: PO BOX 10848, MIDLAND, TX 79702

RECEIVED

10. Pool name or Wildcat: BRONCO; WOLFCAMP

4. Well Location
Unit Letter A : 530 feet from the NORTH line and 330 feet from the EAST line
Section 10 Township 13S Range 38E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*: 3819' GL

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

PERI
TEMI
PULL
DOW
CLO
OTHER:

E-PERMITTING
P&A NR_____ P&A R_____
INT TO P&A_____
CSNG_____
CHG Loc
TA P.M.
RBDMS CHART DAS
☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT FOR TA STATUS ☒

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.

10/06/14 Ran MIT, pressure casing to 510#, held for 30 min. Chart attached.

✓

The Approval of Temporary Abandonment Expires 10/6/2018

(CASED)

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 Craig Sparkman TITLE OPERATIONS ENGINEER DATE 10/13/2014

Type or print name CRAIG SPARKMAN E-mail address: PHONE: 432-689-5200

For State Use Only

APPROVED BY: Bill Lamanahan TITLE Staff Manager DATE 10/17/2014

Conditions of Approval (if any):

FOR RECORD ONLY OCT 23 2014

HOBBS OCD

OCT 16 2014

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