Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103		
District 1	Energy, Minerals and Natural Resources		Revised November 3, 2011		
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-11469		
811 S. First St., Artesia, NM 88210			5. Indicate Typ		
District III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE 🛛	
District IV Santa Fe, NM 8/505		6. State Oil &			
1220 S. St. Francis Dr., Santa Fe, NM 87505			312452		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  L. Type of Well: Gos Well Char INJECTOR					
1. Type of Well: Oil Well Gas Well Other INJECTOR		OR MODDOUGH	8. Well Number 53		
2. Name of Operator LEGACY RESERVES OPERATING LP		JAN 1 2 2015	9. OGRID Nui 240974	nber	
3. Address of Operator		a de la companya de l	10. Pool name	or Wildcat	
PO BOX 10848, MIDLAND, TX 79	702		LANGLIE MA	TTIX;7RVRS-Q-G	
4. Well Location			·!		
Unit Letter <u>L</u> : <u>2080</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line					
Section 6 Township 2	<u>5S</u> Range <u>37E</u> NMPM	County <u>LEA</u>	` /		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
	3213' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CAS					
TEMPORARILY ABANDON					
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB					
OTHER:     Description   Location is ready for OCD inspection after P&A \(  \)					
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.					
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
Z 71 Steel market at least 1 in diameter and at least 1 above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and					
other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location.					
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.)  All other environmental concerns have been addressed as per OCD rules.					
<ul> <li>✓ All other environmental concerns have been addressed as per OCD rules.</li> <li>✓ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-</li> </ul>					
retrieved flow lines and pipelines.					
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well					
location, except for utility's distribution	on infrastructure.			~ ~ .	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
When all work masses in compreted, retain and room to the appropriate sistant office to senedate an inspection.					
SIGNATURE Jaura ina	TITU	E_REGULATORY TE	ЕСН	DATE <u>01/09/2015</u>	
TYPE OR PRINT NAME LAURA	PINA E-MA	AL: <u>lpina@legacylp</u>	com	PHONE: 432-689-5273	
For State Use Only	L-IVIA	in. pmategegacytp	John	_ 1110116 <del>132:007-3213</del>	
	W. I.	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\alpha\Omega$	1, 1, 1	
APPROVED BY:	TITL!	E Lomphana (	Hicor	DATE_1/14/2015	
Conditions of Approval (if any):		•			