

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 July 18, 2013

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

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 PROPOSALS.)		WELL API NO. 30-025-11293
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LEGACY RESERVES OPERATING LP		6. State Oil & Gas Lease No. 309574
3. Address of Operator PO BOX 10848, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
4. Well Location Unit Letter <u>H</u> : <u>2310</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>EAST</u> line Section <u>31</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>11</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3243' GL		9. OGRID Number 240974
		10. Pool name or Wildcat LANGLIE MATTIX;7RVRS-Q-G

Indicate Nature of Notice, Report or Other Data

E-PERMITTING P&A NR <u>P-M</u> INT TO P&A _____ CSNG _____ TA _____ CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	P&A R _____ COMP _____ CHG Loc _____ RBDMS CHART _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

02/06/15 MIRU plugging equipment. Dug out cellar. ND wellhead. NU BOP. Worked on stuck packer. Could not get it released.

02/09/15 Rigged up rotary wireline. Cut tbg @ 3230'. POH w/ 108 jts 2 3/8 IPC tbg. RIH w/ workstring to 3230'. Circulated hole w/ 127 bbls of mud laden fluid. Spotted 40 sx cement @ 3230-2991. Pulled out of cement.

02/10/15 Tagged plug @ 3045'.. POH w/ tbg. Set packer @ 30'. Pressured up to 500 psi on csg. Held. Bled off pressure. Perf'd csg @ 1400'. Set packer @ 914 and sqz'd 75 sx cement. Displaced to 1130'. WOC. Tagged plug @ 1124'. POH. ND BOP. Perf'd csg @ 450'. Sqz'd 185 sx cement and circulated to surface. WOC.

02/11/15 Tagged cement @ 37'. Spotted 10 sx surface plug and rigged down and moved off.

02/11/15 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Below Ground Dry Hole Marker". Backfilled cellar. Removed dead men and moved off.

Installed Closed-Loop System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

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 02/24/2015

Type or print name

LAURA PINA

E-mail address:

lpina@legacylp.com

PHONE: 432-689-5200

For State Use Only

APPROVED BY:

Mary G Brown

TITLE

Dist. Supervisor

DATE

2/26/2015

Conditions of Approval (if any)

MAR 02 2015

DM