

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

WELL API NO. 30-025-23865
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
8. Well Number 13
9. OGRID Number 240974
10. Pool name or Wildcat LANGLIE MATTIX;7RVRS-Q-G

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.)

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

2. Name of Operator
LEGACY RESERVES OPERATING LP

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

4. Well Location
Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line
Section 31 Township 24S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3243' GR

Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD INJECTION> CONVERSION _____ RBDMS _____ P RETURN TO _____ TA _____ TI CSNG _____ CHG LOC _____ P INT TO PA _____ P&A NR _____ P&A R _____ D CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <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.

07/22/15 MIRU plugging equipment. Dug out cellar. NU BOP. POH w tbg and packer. RIH and set 4 1/2 CIBP @ 3500'. Circulated hole w/ mud laden fluid. Spotted 40 sx cement @ 3500-2921.

07/23/15 Tagged plug @ 2847'. Pressure tested casing to 500 psi. Perf'd csg @ 1245'. Sqz'd 30 sx cement and displaced to 1145'. WOC. Tagged plug @ 1111'. Perf'd csg @ 870'. Sqz'd 30 sx cement and displaced to 770'. WOC.

07/24/15 Tagged plug @ 742'. Perf'd csg @ 350'. Sqz'd 105 sx cement and circulated to surface. Verified cement at surface.

07/28/15 Moved in backhoe and welder. Dug out cellar. cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location 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 07/30/2015

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

For State Use Only

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 8/11/2015

Conditions of Approval (if any):

AUG 11 2015