

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. 30-025-24837
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 2
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 A WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  **HOSSOCD**  
**SEP 30 2015**

2. Name of Operator  
LEGACY RESERVES OPERATING LP

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

4. Well Location  
 Unit Letter A : 990 feet from the NORTH line and 660 feet from the EAST line  
 Section 31 Township 24S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3241' GR

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

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION _____ RBDMS _____ RETURN TO _____ TA _____ CSNG _____ ENVIRO _____ CHG LOC _____ INT TO PA _____ P&A NR <input checked="" type="checkbox"/> P&A R _____ CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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"/>
---	--

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.

09/21/15 MIRU plugging equipment. ND wellhead, NU BOP.  
 09/22/15 Set CIBP @ 3,270'. Circulate hole w/ MLF. Pressure tested csg to 500 psi. Held pressure. Spotted 25 sx cmt @3270-2910'. Spotted 50 sx cmt 1413-675. WOC. Tagged plug @ 648'. POH w/ tbg.  
 09/23/15 Spotted 25 sx cmt @ 350-surface. POH w/ tbg. ND BOP. Top off wellhead w/ cmt.  
 09/23/15 Dug up and cut off wellhead, Installed Under Ground Dry Hole Marker. Backfilled cellar, removed deadmen. Cleaned and moved off location.  
 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 09/28/2015

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 10/1/2015  
 Conditions of Approval (if any)

OCT 07 2015 *MM*