| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|--|---|--|--|
| Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 | | Revised November 3, 2011 WELL API NO. | |
| District II OIL CONSEDVATION DIVISION | | 30-025-11303 | |
| 811 S. First St., Artesia, NM 88210 District III | 11 3. 113. 51., Altesia, (W 60210 | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fo. NIM 97505 | | STATE FEE 6. State Oil & Gas Lease No. | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | 54114 1 0, 1111 | | |
| 87505 | CES AND REPORTS ON WELL | HOBBS | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC | ALC TO DRILL OR TO DEEDEN OR D | LUC DACK TO A | LANCITE IAI INTE |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well Other | | 8. Well Number 12 |
| 2. Name of Operator | SERVES OPERATING LP | RECEIVE | 9. OGRID Number 240974 |
| 3. Address of Operator | | • | 10. Pool name or Wildcat |
| PO BOX 1084 | 18, MIDLAND, TX 79702 | | LANGLIE MATTIX;7RVRS-Q-G |
| 4. Well Location | | | |
| Unit Letter G : 231 | 0 feet from the NORTH | line and1977 | feet from theEASTline |
| Section 31 Township | 24S Range 37E NMPM | | |
| | 11. Elevation (Show whether Diameter 2236) GR | R, RKB, RT, GR, etc. |) |
| 12. Check Appropriate Box to | | Report or Other D | Data |
| 12. Check Appropriate Box to | indicate Nature of Notice, i | ceport of Other L | odia . |
| NOTICE OF INTENTION TO: SUB | | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | |
| TEMPORARILY ABANDON DULL OR ALTER CASING | CHANGE PLANS | CASING/CEMEN | ILLING OPNS. P AND A |
| PULL OR ALTER CASING | MOLTIPLE COMPL | CASING/CEMEN | 1308 |
| OTHER: | | | eady for OCD inspection after P&A |
| ✓ All pits have been remediated in ✓ Rat hole and cellar have been fil ✓ A steel marker at least 4" in dian | led and leveled. Cathodic protec | tion holes have been | |
| OPERATOR NAME LEA | SE NAME WELL NUMBED | ADI NUMBED OI | HAPTED/OHAPTED LOCATION OF |
| 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. | | | |
| 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. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- | | | |
| retrieved flow lines and pipelines. | remaining well on lease: all elect | rical service noles an | nd lines have been removed from lease and well |
| location, except for utility's distributi | | rical service poles an | id files have been femoved from lease and wen |
| | | | |
| When all work has been completed, r | eturn this form to the appropriate | District office to sch | hedule an inspection. |
| SIGNATURE NAME ME | TITLE_ | COMPLIANCE CO | ORDINATOR DATE 10/09/2015 |
| TYPE OR PRINT NAME LAURA For State Use Only | PINA E-MAIL: lpi | na@legacylp.com | PHONE: 432-689-5200 |
| APPROVED BY: Wahli | tribalem TITLE | Compliance | Officer DATE 10/21/2015 |
| Conditions of Approval (if any): | | | |

OCT 2 2 7015

In