Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I - (575) 393-6161 Ene	ergy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OI	L CONSERVATION DIVISION	30-025-11435 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOTICES ANI (DO NOT USE THIS FORM FOR PROPOSALS TO D	RILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FO PROPOSALS.)		
1. Type of Well: Oil Well Gas Well	Other INJECTIONOBBS OCD	8. Well Number 61 /
2. Name of Operator	/	9. OGRID Number
LEGACY RESERVES OPERATING LP 3. Address of Operator	DEC 0 1 2013	240974 10. Pool name or Wildcat
P.O. BOX 10848 MIDLAND, TX 79702	2	LANGLIE MATTIX; 7 RVRS-Q-GRYBG
4. Well Location	RECEIVED	
	feet from the SOUTH line and	660 feet from the WEST line
Section 4	Township 25S Range 37E vation (Show whether DR, RKB, RT, GR, e	
11. Ele	vation (Snow whether DR, RRB, RI, OR, e	ac.)
12 Check Appropri	ate Box to Indicate Nature of Notic	e Report or Other Data
12. Check Appropri	are box to indicate Mature of Notic	c, Report of Other Data
NOTICE OF INTENTION	ON TO: SL	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG	AND ABANDON	ORK ALTERING CASING
	—	DRILLING OPNS. PANDA
	PLE COMPL CASING/CEME	ENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: 5 YE	AR MIT TEST
	RULE 19.15.7.14 NMAC. For Multiple	and give pertinent dates, including estimated dat Completions: Attach wellbore diagram of
07/08/15 – 5 YEAR MIT. PRESSURE CA	SING TO 559# HELD FOR 30 MINS C	HART ATTACHED
07/00/13 - 5 TEAK MIT. TRESSORE CA	ising to 355#, filled tok 50 mills. c	had at facility.
Spud Date:	Rig Release Date:	
Marken and the second		and the second
I hereby certify that the information above is t	rue and complete to the best of my knowle	edge and belief.
$, \cap \cap$		
STONATION JANUAR	TITLE COMPLIANCE CO	OPDIATOR DATE 11/20/2015
SIGNATURE NAMATING	TITLE COMPLIANCE CO	ORDINATOR DATE 11/20/2015
Type or print name LAURA PINA	E-mail address: lpina@legacy	PHONE: 432-689-5200
For State Use Only	ipinate addressipinate gacy	110112. <u>452-007-5200</u>
Q		
APPROVED BY: Sill Soman	mak TITLE Shaff	NaNage DATE 12/3/15-
Conditions of Approval (if any):	and the second	101.0
ALL AND A DECEMBER OF A		
		DEC 0 3 2015

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