Office Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Re	sources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	1
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVI	SION 30-025-11322 5. Indicate Type of	fLanca
District III - (505) 334-6178	1220 South St. Francis D	r. STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SLINDRY NOT	ICES AND REPORTS ON WELLS	7 Lease Name or	Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BAC		
	ICATION FOR PERMIT" (FORM C-101) FOR SUCI		/
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other INJECTION	8. Well Number	26
2. Name of Operator	2 200 0 4 20	9. OGRID Numbe	r
LEGACY RESERVES OPERA	ATING LP 7. DEC 312		
 Address of Operator P.O. BOX 10848 MIDLAND, 	TV 70702	10. Pool name or	Wildcat IX; 7 RVRS-Q-GRYBG
4. Well Location	RECEIVE	D LANGEL WATT	IX, 7 KVK5-Q-GKTDG
Unit Letter M	: 660 feet from the SOUTH	ine and 660 feet from t	he WEST line
Section 32	Township 24S Rang		County LEA
Section 32	11. Elevation (Show whether DR, RKB,	The state of the s	County EET
12. Check	Appropriate Box to Indicate Nature	of Notice, Report or Other 1	Data
NOTICE OF IN	NTENTION TO:	SUBSEQUENT REF	ORT OF
PERFORM REMEDIAL WORK			ALTERING CASING
TEMPORARILY ABANDON			P AND A
PULL OR ALTER CASING	the contract of the contract o	NG/CEMENT JOB	
DOWNHOLE COMMINGLE	Control Street S		
OTHER		ED. E VEAD MIT TEST LISS DUE	DOCEC M
OTHER:	pleted operations. (Clearly state all pertine	ER: 5 YEAR MIT TEST-UIC PUR	
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC. For	Multiple Completions: Attach w	ellbore diagram of
proposed completion or re		ivaliance completions. Tituen vi	enoore diagram or
07/08/15 - 5 YEAR MIT. PRES	SSURE CASING TO 580#, HELD FOR 30	MINS. WITNESSED BY GEOF	RGE BOWER-NMOCD,
CHART ATTACHE			
Spud Date:	Rig Release Date:		
			7 - 176 - 1
I hereby certify that the information	above is true and complete to the best of n	ny knowledge and belief.	6-B
$\mathcal{O}(\mathcal{O})$	_		
SIGNATURE NAME OF	TITLE COMPLIA	NCE COORDINATOR DATE	12/29/2015
46		*	
Type or print nameLAURA PI	NA E-mail address: <u>lpin</u>	a@legacylp.com PHON	IE: _432-689-5200
For State Use Only			
APPROVED BY: Sile X	march TITLE Staff	· Manager DA	TE 1/5/16
Conditions of Approval (if any):			

JAN 0 5 2016

Me

