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<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p>		<p>7. Lease Name or Unit Agreement Name</p> <p align="center"><u>Langlie Mattix Penrose Sand Unit</u></p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u></p>		<p>8. Well Number <u>192</u></p>
<p>2. Name of Operator</p> <p align="center"><u>LEGACY RESERVES OPERATING LP</u></p>		<p>9. OGRID Number</p> <p align="center"><u>240974</u></p>
<p>3. Address of Operator</p> <p align="center"><u>PO BOX 10848, MIDLAND, TX 79702</u></p>		<p>10. Pool name or Wildcat</p> <p align="center"><u>Langlie Mattix; 7Rvrs-Queen-Grayburg</u></p>
<p>4. Well Location</p> <p>Unit Letter <u>P</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>990</u> feet from the <u>EAST</u> line</p> <p>Section <u>27</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u></p>		
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>
DOWNHOLE COMMINGLE	<input type="checkbox"/>		
CLOSED-LOOP SYSTEM	<input type="checkbox"/>		
OTHER: UNSUCCESSFUL MIT-UI-C PURPOSES	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: ☐

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.

Pull packer and injection tubing. Replace packer and pressure test tubing. Set packer 30' higher @ 3513'. Perform MIT.

Spud Date:

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Rig Release Date:

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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE COMPLIANCE COORDINATOR DATE 06/17/2016

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

For State Use Only

APPROVED BY: **FOR RECORD ONLY** TITLE: **CHANGING THE NAME OF THE COMPANY** DATE: **6/21/2016**

Conditions of Approval (if any):