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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

[stamp: HOBBS OCD AUG 29 2019 RECEIVED]

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-10607	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

7. Lease Name or Unit Agreement Name

SKELLY PENROSE A UNIT

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

8. Well Number 27

2. Name of Operator
LEGACY RESERVES OPERATING LP

9. OGRID Number
240974

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

10. Pool name or Wildcat
LANGLIE MATTIX; 7RVRS-Q-GRYBG

4. Well Location
Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the WEST line
Section 3 Township 23S Range 37E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3298' GR

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒   CHANGE PLANS ☐
PULL OR ALTER CASING ☐   MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Request for TA extension ☒

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.

Legacy requests an extension to the current TA status of this well for an additional year. We are looking at returning the well back to production and need time to evaluate its potential.

Procedure: Notify OCD and perform MIT test.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

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 *[signature: Laura Pina]*   TITLE Compliance Coordinator   DATE 08/27/2019

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

For State Use Only

APPROVED BY: *[signature: Kerry Forte]*   TITLE C.O.A   DATE 9-6-19
Conditions of Approval (if any)