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Submit 2 Copies To Appropriate District Office	St MAR FNe 201 Energy, Minerals and Natu	žxico ral Resources		Form C-103 October 25, 2007
District I 1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION		WELL API NO. 30-025-10566	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fran		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			EE 🔯	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease N	10.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agr	reement Name
(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			LANGLIE MATTIX PENRO	SE SAND UNIT
PROPOSALS.)			8. Well Number 353	
1. Type of Well: Oil Well Gas Well Other Injection 2. Name of Operator			O OCRYD M. 1	
LEGACY RESERVES OPERATING LP			9. OGRID Number 240974	
3. Address of Operator			10. Pool name or Wildcat	
P.O. BOX 10848, MIDLAND, TX 79702			LANGLIE MATTIX 7RVS	-QN-GB
4. Well Location				
Unit Letter B: 900 feet from the NORTH line and 1650 feet from the EAST line				
Section 33 Township 22S Range 37E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3350' GR				
12. Check Appropriate Box to	Indicate Nature of Notice, R	eport or Other D	ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] REMEDIAL WORK				IG CASING □
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		.,
OTHER:	F-1	NZI I KATARAM SUMI.	faluru ooni ee e	
	compliance with OCD rules and th	e terms of the Opers	ady for OCD inspection after	ir P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME I FASE NAME WELL NUMBER ARIANMED OVER PER CONTROLLED				
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	nagely or possible to aniainal		1 1 9 11 1 1	
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				
b be removed.)				
All other environmental concerns	have been addressed as per OCD	rules.		
Pipelines and flow lines have beer on-retrieved flow lines and pipelines.	n abandoned in accordance with 19).15.9.714.B(4)(b) N	MAC. All fluids have been	removed from
on-redieved now lines and pipelines.				
When all work has been completed, ret	ourn this form to the appropriate D	strict office to sched	fule an inspection. If more th	han one N
nspection has to be made to a P&A loc	cation because it does not meet the	criteria above, a per	nalty may be assessed.	ian one
IGNATURE Kent Www.	•			21/8
		ETROLEUM ENGIN	NEER DATE 03/	<u>/03/08</u>
YPE OR PRINT NAME KENT WI	<u>LLIAMS</u> F	-MAIL:kwilliam	PHONE: (432)	589-5200
or State Use Only	DAN E//LAA	legacy1p		
PPROVED BY: T. W. O	WARY HITLE		7, 7	-71)8 Nation 11
onditions of Approval (if any):			DATE_	1 0 NW / AL
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