Form 3160-5 (March 2012)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. OIL CONSERVATION DIVISION APPROVED
O11 C FIDCT CTDEFT
OMB No. 1004-0137

Expires: October 31, 2014

ARTESIA, NEASSEMIAI No. NMNM0559993

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SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee o	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on page 2.			7. If Unit of CA/Agree	ment, Name and/or No.	
1. Type of Well			0.77.11.27		
Oil Well Gas Well Other			8. Well Name and No. MM Federal #11	MM Federal #11	
2. Name of Operator Legacy Reserves Operating LP			9. API Well No. 30-005-63199	9. API Well No. 30-005-63199	
3a. Address         3b. Phone No. (include area code)           432-689-5200			10. Field and Pool or E		
			Pecos Slope; AB	O (Gas)	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)			11. County or Parish, S		
660' FNL & 1980' FWL, Unit Letter C, Sec. 25, T-9-S, R-25-E			Chaves Co., NM	Chaves Co., NIVI	
12. CHEC	CK THE APPROPRIATE BOX(ES) TO INI	DICATE NATURE O	F NOTICE, REPORT OR OTHI	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACT		OF ACTION	TON	
Notice of Intent	Acidize Dee	pen [	Production (Start/Resume)	Water Shut-Off	
, (2300000 07200000	Alter Casing Frac	ture Treat	Reclamation	Well Integrity	
Subsequent Report		Construction	Recomplete	Other Change of Operator	
	<u> </u>	and Abandon	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection Plug peration: Clearly state all pertinent details, i	Back	Water Disposal		
determined that the site is ready for Effective 01/01/2013 COG Operative undersigned accepts all approximation or portion thereof, as described a Legacy Reserves Operating LP I	ating, LLC transferred operations to Legolicable terms, conditions, stipulations are above.  bond coverage pursuant to 43 CFR 310	acy Reserves Oper	ating LP. erning operations on the lease	e land b. NMB00 <b>I <i>0</i>35</b>	
14. I hereby certify that the foregoing is t	rue and correct. Name (Printed/Typed)				
Ernie Hanson Title Operations Ma		Manager	ager		
Signature Epu-	2 Horn	Date 01/01/2013			
	THIS SPACE FOR FEDE	RAL OR STAT	E OFFICE USE		
	D R. GLASS	Title	LEUM ENGINEER	APR 1 0 2013	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	ould Office				

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false,