	UNITED STATE DEPARTMENT OF THE UREAU OF LAND MAN	ES INTERIOR	811 S. FIRST	STREET O E: M 88244 Serial No.	ORM APPROVED MB No. 1004-0137 xpires: July 31, 2010
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	r Tribe Name
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well Oil Well Image: Oil Well Image: Other Image:				8. Well Name and No. Shirley YA Federal #1	
2. Name of Operator LRE Operating, LLC				9. API Well No. 30-005-62051	
3a. Address 1111 Bagby Street Suite 4600, Houston, TX 77002		3b. Phone No. <i>(include area code)</i> 575-623-8424		10. Field and Pool or Exploratory Area Pecos Slope; ABO	
 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) B-33-04S-24E 660 FNL, 1980 FEL 				11. Country or Parish, State Chaves County, New Mexico	
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA					
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Fracture Treat		uction (Start/Resume) amation	Water Shut-Off Well Integrity
Subsequent Report	Casing Repair	New Construction Plug and Abandon		mplete porarily Abandon	Other
Final Abandonment Notice	Convert to Injection	Plug Back	Wate	er Disposal	
the proposal is to deepen direc Attach the Bond under which following completion of the in	ionally or recomplete horizonta he work will be performed or pr volved operations. If the operat nal Abandonment Notices must	lly, give subsurface locations a ovide the Bond No. on file with ion results in a multiple complete	nd measured ar h BLM/BIA. R stion or recomp	nd true vertical depths of Required subsequent repletion in a new interval	k and approximate duration thereof. If of all pertinent markers and zones, ports must be filed within 30 days l, a Form 3160-4 must be filed once n completed and the operator has

Location has been contoured and seeded. Ready for inspection.

Accepted for record • NMOCD

 I hereby certify that the foregoing is true and correct. Name (Printed/Typed) 					
	Title Production Supervisor				
Signature MML	Date 01/09/2014				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by	Title Date 03/01/18				
Conditions of approval, if any, are attached. Approval of this notice does not warrant or ce that the applicant holds legal or equitable title to those rights in the subject lease which wo entitle the applicant to conduct operations thereon.					
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any pe fictitious or fraudulent statements or representations as to any matter within its jurisdiction	rson knowingly and willfully to make to any department or agency of the United States any false				

(Instructions on page 2)