Form 3160-5 (March 2012)

UNITED STATES SERVICE DIVISION, DISTRICT I

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 1625 N. French Drive Hobbs, NM 88240

FORM APPROVED OMB No. 1004-0137

Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
handoned well. Use Form 3160-3 (APD) for such proposals.

	* ::::::::::::::::::::::::::::::::::::				
5. Lease Serial No. NMNM105885	HOBBSOCD				
6. If Indian, Allottee or	Tribe Name APR 1 0				

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					APR 1 2 2013		
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well					7. If Unit of CA/Agreement, Name and/or No. NMNM124864		
Oil Well Gas Well Other					8. Well Name and No. Hercules Federal Com #2		
2. Name of Operator Legacy Reserves Operating LP					9. API Well No. 30-005-29049		
3a. Address PO Box 10848, Midland, TX 79702 3b. Phone No. 432-689-5				2) 1	10. Field and Pool or Exploratory Area Abo/Wolfcamp Wildcat		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 660' FNL & 430' FWL, Unit Letter D, Sec. 15, T-15-S, R-31-E				1	11. County or Parish, State Chaves Co., NM		
12. CHEC	CK THE APPROPRIATE BOX(ES) TO INDICA	TE NATURE	OF NOTICE	, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION		 	TYP	E OF ACTIC)N		
Notice of Intent Subsequent Report Final Abandonment Notice	Alter Casing Frac Casing Repair New Change Plans Plug		reat struction Abandon	Reclam Recomp	oduction (Start/Resume) celamation well Integrity complete Other Change of Operator emporarily Abandon fater Disposal		
testing has been completed. Final determined that the site is ready for Effective 01/01/2013 COG Open The undersigned accepts all appropriate or portion thereof, as described Legacy Reserves Operating LF	r final inspection.) rating, LLC transferred opera plicable terms, conditions, sti above.	itions to Legacy	Reserves O _l	perating LP.	erations on the leas	se land 10.35	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)							
Ernie Hanson			Title Operations Manager				
Signature Fruz Han			-Date 01/01/2013				
	THIS SPACE FO	OR FEDERA	L OR STA	TE OFFI	CE USE		
Approved by /S/ DAVID R. GLASS			PETRO	OLEUM EI		APR 1 0 2013	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	t warrant or certificate which would	rtify					
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repre			knowingly and	d willfully to 1	nake to any departmen	it or agency of the United States any false	