rm 3160-5 ovember 1994) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			NMOC Hobbs	D FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter DEC 0 1 2015 abandoned well. Use Form 3160-3 (APD) for such proposals.				 Lease Serial No. <u>NMNM0155254D</u> If Indian, Allottee or Tribe Name If Unit or CA/Agreement, Name and/or No 		
						SUBMIT IN TRIPLICATE – Other instructions on reverse side
1. Type of Well Oil Well Gas Well Other Dry						8. Well Name and No. GOODE FED. #1
2. Name Of Operator LEGACY RECLAMATION PROJECT				9. API Well No. 3004100111		
3a. Address 3b. Phone No. N/A N/A			rea code)	de) 10. Field and Pool, or Exploratory Area ALLISON		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 35, T. 08S., R. 36 E., SESW 660FSL, 1980FWL				11. County or Parish, State ROOSEVELT, NM		
12. CHECK API	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE	, REPORT, OR O	THER DATA	
TYPE OF SUBMISSION		T	YPE OF ACTION	1		
Notice of Intent	Acidize Alter Casing	DeepenFracture Treat	Productio Reclamate	n (Start/Resume) ion	Water Shut-OffWell Integrity	
Subsequent Report	Casing Repair	New Construction	Recomple	ete	Other	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and AbandonPlug Back	Temporar	rily Abandon sposal	Print 1	
and zones. Attach the Bond un within 30 days following compl	epen directionally or recomple- ider which the work will be pu- tetion of the involved operation en completed. Final Abandon the site is ready for final inspe- LLY GENERATE A (te horizontally, give subsurfa erformed or provide the Bon ns. If the operation results in ment Notices shall be filed or ction.) FAN) FOR APPRO	ce locations and me d No. on file with l n a multiple comple nly after all requiren VAL DUE TO	Assured and true vertica BLM/BIA. Required st tion or recompletion in nents, including reclam	d depths of all pertinent markers subsequent reports shall be filed in a new interval, a Form 3160-4 nation, have been completed, and OR. SURFACE	
14. I hereby certify that the forego Name (Printed/Typed)	ing is true and correct	Titl	atural y	asource &	becalish (BM	
Signature	Muur	Dat	e //	116/15		
1 1	THIS SPACE I	OR FEDERAL OR S	and the second sec			
Approved By The Salor			Title III Field	i Manager, nerals	Date 11/23/15	
Conditions of approval, if any, are or certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rig		Office R(oswell Field	OFFICE	
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation			o any department or	agency of the United S	States any false, fictitious or	
(Instructions on reverse)	DEC	3 2015 Acc	MUB/OCD	12/2/2014	5	