

HOBBS OCD

SEP 30 2016

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: 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.*

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

5. Lease Serial No.  
NMLC062486

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
89100639908. Well Name and No.  
DRICKEY QUEEN SAND UNIT 831 ✓9. API Well No.  
30-005-00992-00-S1 ✓10. Field and Pool, or Exploratory  
CAPROCK-QUEEN11. County or Parish, and State  
CHAVES COUNTY, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
LEGACY RESERVES OPERATING ✓ Contact: LAURA PINA  
E-Mail: lpina@legacyp.com3a. Address  
PO BOX 10848  
MIDLAND, TX 79702-78483b. Phone No. (include area code)  
Ph: 432-689-5200 Ext: 52734. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 4 T14S R31E SWNW 1980FNL 990FWL ✓

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Haul off caliche, rip and restore location to natural contour landscape. Reseed during growing season.

ACCEPTED FOR  
RECORDNAME ACD

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #344849 verified by the BLM Well Information System  
For LEGACY RESERVES OPERATING, sent to the Roswell  
Committed to AFMSS for processing by DAVID GLASS on 07/15/2016 (16DRG0320SE)

Name (Printed/Typed) LAURA PINA

Title COMPLIANCE COORDINATOR

Signature (Electronic Submission)

Date 07/15/2016

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACDTitle NRS

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

Accepted for Record Only

MBS/OCD 10/6/2016