JAN SUNDRY Do not use t	UNITED STAT EPARTMENT OF THI BUREAU OF LAND MAI NOTICES AND REF his form for proposals in gell. Use Form 3160-3 (A	E INTERIOR NAGEMENT PORTS ON WE	nter an	bs	OME		
SUBMIT IN TRIPLICATE – Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No		
1. Type of Well Gas Well Oil Well Gas Well					8. Well Name and No. FEDERAL 'B' #1		
2. Name Of Operator					9. API Well No.		
LEGACY RECLAMATION PROJECT / LONESTAR PRODUCTION COMPA 3a. Address 3b. Phone No. (A N/A N/A				2)	30-041-00124 10. Field and Pool, or Exploratory Area UNKNOWN		
4. Location of Well (<i>Footage, Sec., T., R., M., or Survey Description</i>) SEC. 21, T. 08 S., R. 36 E., 660' S & W					11. County or Parish, State ROOSEVELT, NM		
12. CHECK A	APPROPRIATE BOX(ES)	TO INDICATE N	NATURE OF	NOTICE,	REPORT, OR O	THER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION					
Notice of Intent	Acidize	DeepenFracture Tr	eat 🛛	Production Reclamatio	(Start/Resume)	Water Shut-Off	
Subsequent Report	Casing Repair	New Const		Recomplete			
Final Abandonment Notic	ce Change Plans	Plug and APlug Back	bandon	Temporaril Water Disp	arily Abandon		
and zones. Attach the Bond within 30 days following con- shall be filed once testing has the operator has determined the BLM WILL INTERN DEFUNCT. SOME RESTORAT PRESUMABLY BY THAT THE DEBRIS	deepen directionally or recompl under which the work will be mpletion of the involved operati	ete horizontally, give performed or provide ons. If the operation nment Notices shall be ection.) (FAN) FOR AF TED AT AN U S. SHODDY R RGER'S INSPE	subsurface locati the Bond No. or results in a multi e filed only after PPROVAL S NKNOWN ECORD KE ECTION OF	ons and meas in file with BI iple completion all requirement SINCE THE TIME BE EEPING (1) 2009 IS	Aured and true vertica LM/BIA. Required son or recompletion in ints, including reclam HIS OPERATO TWEEN 2009 ON THIS; ALI NO LONGER	And 2016 And 2016	
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>) FOBREST LMAYER			Title Date	NATURAL RESOURCE SPECIALIST			
	THIS SPACE	FOR FEDERAL	OR STATE	OFFICE	USE		
Approved By Ruha	SUD		Assist	tant Fiel	d Manager,	Date 12/23/16	
Conditions of approval, if any, or certify that the applicant holds which would entitle the applicant	legal or equitable title to those ri		rant Office	And Mi	nerals LL FIELD OFF	ICE	
Title 18 U.S.C. Section 1001, ma fraudulent statements or represen	kes it a crime for any person kno tations as to any matter within its	wingly and willfully to jurisdiction.		FOR I	RECORD	tates any false, fictitious or ONLY	
(Instructions on reverse) MW/04D 1/9/2017						2017	

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