				OCD bbs	FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996	
SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No.	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					NMNM0467935-A 6. If Indian, Allottee or Tribe Name	
abandoned well	. Use Form 3160-3 (APL) for such pr	oposals.		0. If Indian, And	dee of The Name
SUBMIT IN TRIPL	ICATE – Other instru	uctions on r	everse sid		7. If Unit or CA/	Agreement, Name and/or No
1. Type of Well Gas We	MAR 2 8 2016			8. Well Name and No. FEDERAL '30' #1		
2. Name Of Operator				9. API Well No.		
LEGACY RECLAMATION PRO	RECEIVED			3004110638		
a. Address		3b. Phone No. (include area code)			10. Field and Pool, or Exploratory Area	
N/A	N/A			CHAVEROO-SAN ANDRES		
Location of Well (Footage, Sec	/				11. County or Parish, State	
SEC. 30, T. 07 S., R. 33 E	FEL			ROOSEVELT, NM		
12. CHECK APP	PROPRIATE BOX(ES) T	O INDICATE I	NATURE O	FNOTICE	, REPORT, OR	OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	Deepen		Production (Start/Resume) Water Shut-Off		
	Alter Casing	Fracture Tr	eat 🛛	Reclamati	ion	Well Integrity
Subsequent Report	Casing Repair	New Const	ruction	Recomple	ete	Other
Final Abandonment Notice	Change Plans Plug and Abandon Temporarily Abandon					
	Convert to Injection	Plug Back	Water Disposal			
and zones. Attach the Bond un within 30 days following complete	epen directionally or recomplete der which the work will be per- etion of the involved operations en completed. Final Abandonm the site is ready for final inspecti	horizontally, give formed or provide . If the operation ent Notices shall b ion.)	subsurface loca the Bond No. o results in a mul e filed only afte	tions and me on file with I ltiple complet r all requirem	asured and true vert BLM/BIA. Require tion or recompletion nents, including recl	ical depths of all pertinent marker d subsequent reports shall be file n in a new interval, a Form 3160- amation, have been completed, and
SURFACE RESTORA	ATION HAS BEEN CO	DMPLETED	AND WEL	L SHOU	LD BE CONS	IDERED P & A.
4. I hereby certify that the foregoi Name (Printed/Typed)	ing is true and correct	-	Title	RS		
Signature)	Allan		Date 3/	18/16		
/ /	THIS SPACE FO	OR FEDERAL				
Approved By The	Assistant Field Lands And Min			Manager, erais	Date 03/16/16	
Conditions of approval, if any, are r certify that the applicant holds leg- which would entitle the applicant to o	al or equitable title to those right			ROSWE	LL FIELD OF	FICF
Title 18 U.S.C. Section 1001, makes raudulent statements or representation	ons as to any matter within its jun	risdiction.		epartment or	agency of the United	d States any false, fictitious or
nstructions on reverse)	FOR	RECOR	DONL	mu mu	JOCD O	3/29/2016 MAR 29 2