1625 N. French Drive FORM APPROVED

Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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Mohha	ATEM	88240	OMB No.
201001001001000000000000000000000000000	4146	ारम्स	Expires: Oc

OMB No. 1004-0137 Expires: October 9 5:05 OCD

LAWA DENZAM	Expires: October 97, 520 S. OC
5. Lease Serial N	

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.					6. If Indian, Allottee or Tribe Name PR 1 2 2013			
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.				
1. Type of Well					NMNM124171 8. Well Name and No			
Oil Well Gas Well Other					Andromeda 14 Federal Com #1H			
2. Name of Operator Legacy Reserves Operating LP					9. API Well No. 30-005-27975			
3a. Address 3b. Phor		3b. Phone No.	(include area c	ode)	10. Field and Pool or Exploratory Area			
PO Box 10848, Midland, TX 79702 432-689			5200		Abo/Wolfcamp Wildcat			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 660' FEL & 330' FEL Unit Letter A, Sec. 14, T-15-S, R-31-E					11. County or Parish, State Chaves Co., NM			
12. CHEC	CK THE APPROPRIATE BO	OX(ES) TO IND	ICATE NATUF	RE OF NOTIC	E, REPORT OR OTH	HER DATA		
TYPE OF SUBMISSION	DN TYPE OF ACT					ION		
Notice of Intent	Acidize	Deepe	en	Produ	action (Start/Resume)	Water Shut-Off		
	Alter Casing	Fracti	ire Treat	Recla	mation	Well Integrity		
Subsequent Report	Casing Repair		Construction		mplete	Other Change of Operator		
Final Abandonment Notice	Change Plans Convert to Injection	☐ Plug a	and Abandon		oorarily Abandon r Disposal			
testing has been completed. Final determined that the site is ready for Effective 01/01/2013 COG Ope The undersigned accepts all ap or portion thereof, as described Legacy Reserves Operating LP	r final inspection.) rating, LLC transferred op plicable terms, conditions above. bond coverage pursuant	erations to Leg , stipulations ar to 43 CFR 310	acy Reserves	Operating L concerning of	P. operations on the lea	ase land		
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)								
Ernie Hanson			Title Operations Manager					
Signature Signature	Date 01/01/2013							
	THIS SPACE	FOR FEDE	RAL OR ST	TATE OFF	ICE USE			
	R. GLAS		Title			APR 1 0 2013		
Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations to	itle to those rights in the subje	s not warrant or co ct lease which wo 04/12/1	uld Office	A COMPANY	Field 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.