Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs HOBBS OCD

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS

JUN 1 6 2014 NM-13276; NM-129733, NM-84651 6. If Indian, Allottee or Tribe Name

	form for proposals t Use Form 3160-3 (A													
SUBMI	T IN TRIPLICATE – Other	7. If Unit of CA/Agreement, Name and/or No.												
l. Type of Well Oil Well Gas W	Vell Other			8. Well Name and No. Hamon Fed Com & 1H										
2. Name of Operator Legacy Reserves Operating, L.P				9. API Well No.	41616									
3a. Address 303 West Wall St., Suite 1400 Midland, Texas 79701	/	3b. Phone No. (includ 432-689-5200	e area code)	10. Field and Pool or Teas East; Bone Sp	Exploratory Area	_								
4. Location of Well (Footage, Sec., T., 200FNL 1010FWL Section 18 T20S R34E	R.,M., of Survey Description))		11. County or Parish, Lea	State									
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICATE	NATURE OF NOT	ICE, REPORT OR OTH	IER DATA									
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·		TYPE OF AC	TON										
Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Trea New Constru	t Red	oduction (Start/Resume) clamation complete	Water Shut-OffWell Integrity✓ Other Variance	-								
Subsequent Report	Change Plans	Plug and Aba	=	nporarily Abandon	Other	_								
Final Abandonment Notice	Convert to Injection	Plug Back		iter Disposal		_								
testing has been completed. Final determined that the site is ready for Legacy Reserves Operating, L.P. reposite and as well as attached with	Abandonment Notices must be final inspection.) quests a variance to be all this document.	oe filed only after all red	quirements, including the hose from the BO	g reclamation, have been	old. The certification papers are									
I hereby certify that the foregoing is to Steve Morris .	rue and correct. Name (Printed	. ,	Drilling Engineer											
Signature		Date	06/05/2014											
	THIS SPACE I	FOR FEDERAL	OR STATE OF	FICE USE		_								
Approved by Wally	Approval of this nation 1	· • • · · · · · · · · · · · · · · · · ·	itle Eng		Date 6/6/14	_								
conditions of approval, if any, are attached at the applicant holds legal or equitable tights the applicant to conduct operations to	tle to those rights in the subjec	- 1	Office /	·										

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction. 100D le /11e/2014

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,



QC-DB- 144/2011 Page: 5/60

Fluid Technology

Quality Document

QUALITY INSPECTION AND			CATE		CERT. N	1 °:	378	
PURCHASER: Co	ntiTech B	eattie Co.			P.O. N°:		004944	
CONTITECH ORDER N°: 498	705	HOSE TYPE:	3"	ID		Choke ar	nd Kill Hose	
HOSE SERIAL N°: 60	575	NOMINAL / AC	CTUAL LE	ENGTH:		9,14 n	n / 9,14 m	
W.P. 68,9 MPa 1000	0 psi	T.P. 103,4	MPa	1500	0 psi	Duration:	60	min.
↑ 10 mm = 10 Min.	S	See attachm	ent. (1	l page)			
→ 10 mm = 20 MPa			1					
COUPLINGS Type		Serial N°			Quality		Heat N°	
3" coupling with	8925	8930		Α	ISI 4130		B2297A	
4 1/16" Swivel Flange end		·		Α	ISI 4130		31863	
Hub				Al	ISI 4130		B2297A	
ASSET	NUMBI	ER:66-06	694				API Spec 16	С
All metal parts are flawless						Tem	perature rate	e:"B"
WE CERTIFY THAT THE ABOVE HO INSPECTED AND PRESSURE TEST	SE HAS BE ED AS ABO'	EN MANUFACTU VE WITH SATISF	JRED IN A	CCORD/ RESULT	ANCE WIT	H THE TERM	IS OF THE ORDER	
STATEMENT OF CONFORMITY: conditions and specifications of the	We hereby o	certify that the abother and	ove items/ that these	equipmer items/eq	nt supplied uipment w	by us are in ere fabricated	conformity with the to	erms, ed in

COUNTRY OF ORIGIN HUNGARY/EU

accordance with the referenced standards, codes and specifications and meet the relevant acceptance criteria and design requirements.

Date:

Ouality Control

ContiTech Rubber

Industrial Kft.

Quality Control

Quality Control

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No: 319, 377, 378

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<u>Co-Flex line</u> Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).