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	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No. NMLC-062486		
Do not use this	NOTICES AND REPOF form for proposals to Use Form 3160-3 (AP	drill or to re-enter		6. If Indian, Allottee or	Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page CBBS OCD				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well Gas V	Vell 7 Other		<u>0014</u>	8. Well Name and No.		<u> </u>
Oil Well Gas Well Other INJECTION AUG 29 2014 2. Name of Operator LEGACY RESERVES OPERATING LP				DRICKEY QUEEN SAND UNIT #812 9. API Well No. 30-005-01013		
3a. Address	b. Phone No. (include are				<u>.</u>	
PO BOX 10848 MIDLAND, TX 7970	432-689-5200	200 CAPROCK; QUEEN				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FNL & 1980 FEL, UNIT LETTER B, SEC. 9, T14S, R31E				11. County or Parish, State CHAVES CO., NM		
12. CHE	CK THE APPROPRIATE BOX	(ES) TO INDICATE NAT	URE OF NOTIO	CE, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION			TYPE OF ACI	FION		
Notice of Intent	Acidize	Deepen Fracture Treat		luction (Start/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	_	omplete porarily Abandon	Other Change of	Operator
Final Abandonment Notice	Convert to Injection	Plug Back	_	er Disposal		
Attach the Bond under which the following completion of the invol- testing has been completed. Final determined that the site is ready for Effective 05/16/2014 Celero Energy The undersigned accepts all application thereof, as described above. Legacy Reserves Operating LP bor	ved operations. If the operation Abandonment Notices must be or final inspection.) y II, LP transferred operations able terms, conditions, stipula	results in a multiple comp filed only after all require s to Legacy Reserves C ations and restrictions c	Diction or recomp ments, including perating LP. oncerning oper	pletion in a new interval, greclamation, have been rations on the lease lar	a Form 3160-4 must be file completed and the operator nd or portion	ed once
14. I hereby certify that the foregoing is	true and correct. Name (Printed/I	Typed)			······································	
GREGG SKELTON		Title OPE	RATIONS MAI	NAGER		
Signature Jugg	hel	Date 08/1	8/2014		Va-	
	THIS SPACE F	OR FEDERAL OR	STATE OF	FICE USE	M	
Approved by	/S/ Angel Mayes		stant Field ds And Mil	d Mana ger, neral s	AUG 81 2014	
Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conduct operations	title to those rights in the subject l	ot warrant or certify lease which would Offic	3	Research Field Off	ioe	
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr			gly and willfully (to make to any departmen	t or agency of the United Stat	es any false,
(Instructions on page 2)				\$I	EP 0 2 2014	the