Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MMOCD	
Hobbs	

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

5. Lease Serial No.

BOKENO OX EMINORALIVI				NM-03844	NM-03844		
SUNDRY NOTICES AND REPORTS ON WELLS				6. If Indian, Allottee or Tribe Name			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			A Section 1				
				<u> </u>			
SUBMIT IN TRIPLICATE – Other instructions on page BBS OCD				7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well							
	Type of Well Coil Well Gas Well Other SEP 0 3 2014		13 501.	8. Well Name and No. ROCK QUEEN UNIT #29			
2. Name of Operator LEGACY RESERVES OPERATING LP			aen/ED	9. API Well No. 30-005-00883			
3a. Address PO BOX 10848 MIDLAND, TX 79702 3b. Phone No. (inc. 432-689-5200)			ed code)	10. Field and Pool or Exploratory Area CAPROCK; QUEEN			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 330 FNL & 330 FSL, UNIT LETTER A, SEC. 27, T13S, R31E				11. County or Parish, State CHAVES CO., NM			
	K THE APPROPRIATE BOX	((ES) TO INDICATE NA	TURE OF NOT	ICE REPORT OR OTHE	FR DATA		
TYPE OF SUBMISSION		.(25) 10 11 15 11 11 11	TYPE OF AC	· · · · · · · · · · · · · · · · · · ·			
1 1 FE OF SUBMISSION							
Notice of Intent	Acidize	Deepen	=	oduction (Start/Resume)	Water Shut-Off		
	Alter Casing	Fracture Treat	=	clamation	Well Integrity Other Change of Operator		
✓ Subsequent Report	Casing Repair	New Construction	_	complete	Other Onlinge of Operator		
	Change Plans	— _	lug and Abandon				
Final Abandonment Notice	Convert to Injection	Plug-Back	Wa	iter Disposal			
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 bon	final inspection.) II, LP transferred operation ble terms, conditions, stipul	s to Legacy Reserves C ations and restrictions o	Operating LP. concerning ope	erations on the lease lar	nd or portion MB001035. 13287		
14. I hereby certify that the foregoing is to	ue and correct. Name (Printed)	Typed)					
GREGG SKELTON Title OPERATIONS M				ANAGER			
Signature Maga Il		Date 08/	Date 08/18/2014				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved by		Assis	tant Field	Manager,			
1S1 A	ingel Mayes		s And Min		Date 82914		
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	 Approval of this notice does related to those rights in the subject 	not warrant or certify			Field Offices		

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,

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.