UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

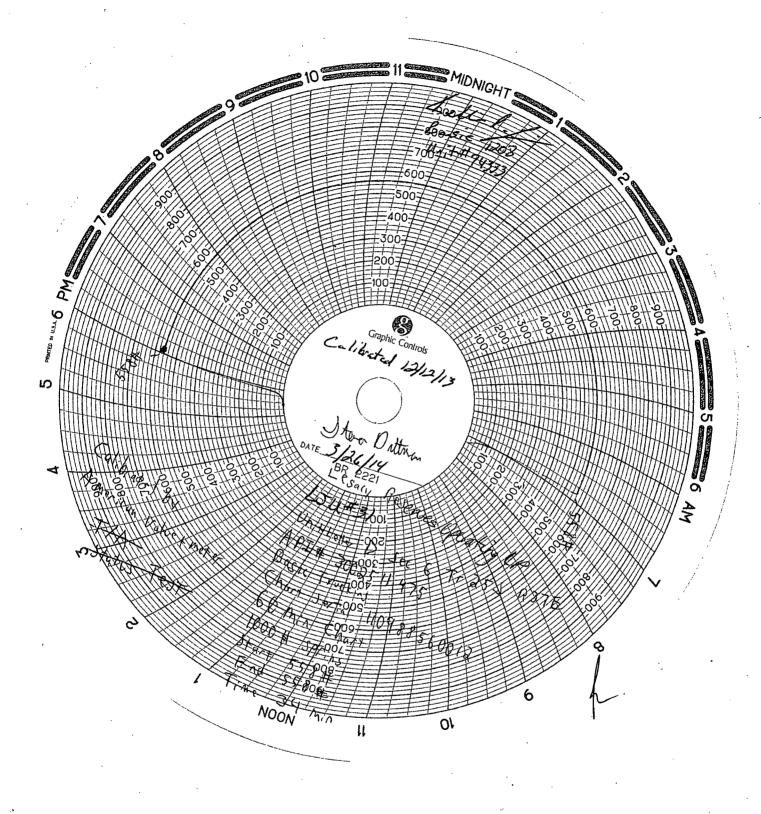
5. Lease Serial No.

| SUNDRY Do not use thi abandoned wel | NMLC055546 6. If Indian, Allottee or | r Tribe Name | | | | | |
|---|---|--|--|-----------------------------------|---|---------------------|-------------|
| | | | | | | ment, Name and/o | or No. |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side. RECEIVED | | | | | 8910115870 | | |
| Type of Well ☐ Gas Well | | | | | 8. Well Name and No. LANGLIE JAL UNIT 31 | | |
| Name of Operator | | | | | 9. API Well No. 30-025-11475-00-S1 | | |
| 3a. Address 303 W WALL SUITE 1600 MIDLAND, TX 79702 | . (include area code) 5-8387 Ext: 224 | | 10. Field and Pool, or Exploratory LANGLIE | | | | |
| 4. Location of Well (Footage, Sec., T. | | | 11. County or Parish, and State | | | | |
| Sec 6 T25S R37E NWNW 330 | • . | | LEA COUNTY, NM | | | | |
| 12. CHECK APPR | ROPRIATE BOX(ES) TO | O INDICATE | NATURE OF N | NOTICE, R | EPORT, OR OTHER | R DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | |
| ☐ Notice of Intent | □ Acidize □ | | pen Product | | ion (Start/Resume) | | t-Off |
| - | □ Alter Casing | ☐ Frac | ture Treat | □ Reclan | nation | ■ Well Integr | rity |
| Subsequent Report | □ Casing Repair | □ New | Construction | ☐ Recom | plete | ☐ Other | |
| ☐ Final Abandonment Notice | ☐ Change Plans | ☐ Plug and Abandon ☐ Temporarily Abando | | - | | | |
| 13. Describe Proposed or Completed Ope | | Convert to Injection Plug Back Water Dis | | | | | |
| Attack the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi 03/26/14 - RAN MIT, PRESSUINJECTION. | operations. If the operation re andonment Notices shall be fil nal inspection.) | sults in a multipl ed only after all | e completion or reco requirements, includ | ompletion in a ing reclamation | new interval, a Form 3160 on, have been completed, a | -4 shall be filed o | nce |
| | | | | | | | |
| | | | | | | | |
| 14. I hereby certify that the foregoing is | true and correct. Electronic Submission # For LEGACY RES mmitted to AFMSS for pro | SERVES OPE | ATING LP, sent | to the Hobb | S | | |
| Name (Printed/Typed) MARTIN STAELENS | | | | ICTION EN | • | | |
| | | | D | [| ACCEPTED E | <u>Μ</u> | Ų D Ņ |
| Signature (Electronic S | | | Date 04/11/20 | | AUULI TEU T | <u>nk ken</u> | HI |
| | THIS SPACE FO | DR FEDERA | LORSIATE | OFFICE U | SE | | |
| Approved By Conditions of approval, if any, are attached certify that the applicant holds legal or equ | | | Title | | 100 1 100 | 5 20Pate | |
| which would entitle the applicant to conduct operations thereon. Office | | | | | - HILF | waigs | . , |
| 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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. | | | | | ake BUAK EAD AND THE INDIVIDUAL CARL SBAD F | | :B) I |

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