

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
HobbsFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.

HOBBS OGD

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

NOV 24 2014

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		7. If Unit or CA/Agreement, Name and/or No. 8910063990
2. Name of Operator LEGACY RESERVES OPERATING		8. Well Name and No. DRICKEY QUEEN SAND UNIT 11
Contact: LAURA PINA E-Mail: lpina@legacyip.com		9. API Well No. 30-005-00898-00-S1
3a. Address PO BOX 10848 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-689-5200 Ext: 5273	10. Field and Pool, or Exploratory CAPROCK-QUEEN
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T13S R31E SENE Tract 12 1980FNL 660FEL		11. County or Parish, and State CHAVES COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

11/11/14 MIRU plugging equipment. Dug out cellar. ND wellhead and NU BOP. RIH w/tbg and tagged plug @ 2709'. Circulated hole w/mud laden fluid. POH w/tbg. Set packer @ 1650'. Pressured up on csg. Held 500 psi. Perf'd csg @ 1960'. Pressured up on perfs. POH w/packer.
11/12/14 RIH w/tbg to 2010'. Spotted 30 sx cement w/2% CACL @ 2010-1721'. POH and set packer @ surface. Pressured up on plug to 500 psi. WOC. Tagged plug @ 1730'. POH w/tbg. Set packer @ 1040'. Pressured up on csg to 500 psi. Perf'd csg @ 1338'. Injection rate of 1/2 bbl/min @ 750 psi. Sqz'd 40 sx cement w/2% CACL and displaced to 1238'. WOC.
11/13/14 Tagged plug @ 1215'. POH. Set packer @ 30'. Perf'd csg @ 223.
11/14/14 Sqz'd 130 sx cement w/2% CACL and circulated to surface. WOC. Verified cement at surface. Rigged down moved off.
11/17/14 MI welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Below Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location, and mo

APPROVED AS TO PLUGGING OF THIS
WELL BORE. LIABILITY UNDER BOND
IS RETAINED UNTIL SURFACE RESTORATION
IS COMPLETED.

**SUBMIT SUNDRY 3160-5 NOTICE OF INTENT
ORIGINAL SIGNATURE PLUS 3 COPIES
WITH DETAILS FOR PLANNED RECLAMATION
WITHIN 90 DAYS**

14. I hereby certify that the foregoing is true and correct. Electronic Submission #280615 verified by For LEGACY RESERVES OPERATING, sent to the Roswell Committed to AFMSS for processing by BEVERLY WEATHERFORD on 11/20/2014 (14BMW1868SE)	
Name (Printed/Typed) LAURA PINA	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/19/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>/s/ Robert Hoskinson</u>	Date <u>11/21/14</u>
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Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212,
States any false, fictitious or fraudulent statements or represen

E-PERMITTING - - New Well _____
Comp _____ P&A _____ TA _____
CSNG _____ Loc Chng _____
ReComp _____ Add New Well _____
Cancl Well _____ Create Pool _____

Roswell Field
Office
ke to any department or agency of the United

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** BLM REVISED **

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Additional data for EC transaction #280615 that would not fit on the form

32. Additional remarks, continued

System with steel tanks. Hauled contents from Closed-Loop System to approved NMOCD disposal location according to Rule 19.15.17.

Revisions to Operator-Submitted EC Data for Sundry Notice #280615

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	ABD SR	ABD SR
Lease:	NMNM02419	NMNM02419
Agreement:		.8910063990 (NMNM70935X)
Operator:	LEGACY RESERVES OPERATING LP PO BOX 10848 MIDLAND, TX 79702 Ph: 432-689-5200	LEGACY RESERVES OPERATING PO BOX 10848 MIDLAND, TX 79702 Ph: 432-689-5200
Admin Contact:	LAURA PINA AUTHORIZED REPRESENTATIVE E-Mail: lpina@legacylp.com Ph: 432-689-5200 Ext: 5273	LAURA PINA AUTHORIZED REPRESENTATIVE E-Mail: lpina@legacylp.com Ph: 432-689-5200 Ext: 5273
Tech Contact:	LAURA PINA AUTHORIZED REPRESENTATIVE E-Mail: lpina@legacylp.com Ph: 432-689-5200 Ext: 5273	LAURA PINA AUTHORIZED REPRESENTATIVE E-Mail: lpina@legacylp.com Ph: 432-689-5200 Ext: 5273
Location:		
State:	NM	NM
County:	CHAVES	CHAVES
Field/Pool:	CAPROCK; QUEEN	CAPROCK-QUEEN
Well/Facility:	DRICKEY QUEEN SAND UNIT 11 Sec 33 T13S R31E SENE 1980FNL 660FEL	DRICKEY QUEEN SAND UNIT 11 Sec 33 T13S R31E SENE Tract 12 1980FNL 660FEL