BU SUNDRY Do not use thi					FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No. NM0155254D 6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIP	LICATE – Other ins				7. If Unit or CA/A	greement, Name and/or No		
1 True of Well		HOI	BBS (DCD	8. Well Name and	No		
1. Type of Well Gas W	Vell Other D	ry			LEGACY TODHUNTER FEDERAL#1			
2. Name Of Operator		MA	R 1 8 20	016	9. API Well No.	UNTERTEDENAL#1		
LEGACY RECLAMATION					3004110605	1		
3a. Address	UN PROJECT	3b. Phone No. (includ	CEN e area code			or Exploratory Area		
P.O. Box 848, Roswell N	4 88201	n/a	e urea cou	c)	SAN ANDRES			
4. Location of Well (Footage, Se			1990 - Care Care Care Care Care Care Care Care		11. County or Pari			
1980/FNL & 1980'/FE					ROOSEVELT			
12. CHECK AF	PROPRIATE BOX(ES)	TO INDICATE NAT	URE OF	NOTICE	, REPORT, OR O	OTHER DATA		
TYPE OF SUBMISSION			TYPE OF	F ACTION	1			
	Acidize	Deepen		Productio	on (Start/Resume)			
□ Notice of Intent	Alter Casing	Fracture Treat		Reclamat		Well Integrity		
	Casing Repair	New Constructi	_	Recomple		Other		
Subsequent Report								
Final Abandonment Notice	Change Plans	Plug and AbandPlug Back		Water Dis	ily Abandon			
and zones. Attach the Bond u within 30 days following comp shall be filed once testing has be the operator has determined that BLM is submitting a completed. Well sho	inder which the work will be p pletion of the involved operation been completed. Final Abandon it the site is ready for final insp FAN based on BLM in uld be considered P&	performed or provide the lons. If the operation result nment Notices shall be file ection.)	Bond No. or ts in a multi d only after	n file with l iple comple all requiren	BLM/BIA. Required tion or recompletion i nents, including reclar	al depths of all pertinent markers subsequent reports shall be filed n a new interval, a Form 3160-4 nation, have been completed, and estoration has been		
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)				Title				
Rick Flores				Natural Resource Specialist, BLM				
Signature Kals Flux			Date March 4, 2016					
	THIS SPACE	FOR FEDERAL OF	STATE	OFFICI	EUSE	a second		
Approved By \S\ R	uben J. Sanchez		AJU	tant Fie	eld Manager, linerals	DateMAR 0 8 2016		
Conditions of approval, if any, a or certify that the applicant holds le which would entitle the applicant to	re attached. Approval of this gal or equitable title to those ri	s notice does not warrant	Office		ELL FIELD OF	FICE		
Title 18 U.S.C. Section 1001, make fraudulent statements or representation			ke to any de	partment or	agency of the United	States any false, fictitious or		

(Instructions on reverse)

FOR	RECORD ONLY	MW/OCD	03/21/2016 MAR 2 2 2016	6
			FIAN LL LUN	

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