Form 3160-5 (November 1994)	UNITED STATE		MO	Fist	FO	RM APPROVED	
	PARTMENT OF THE REAU OF LAND MAN	INTERIOR AGEMENT	MO Hobi	63			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					5. Lease Serial No. NMNM042253-A		
SUBMIT IN TRIPL	ICATE – Other insti	ructions on reve	rse side	CO	7. If Unit or CA/A	greement, Name and/or No	
1. Type of Well Gas We	MAR 2 8 2016			8. Well Name and No. NEW HOPE UNIT FEDERAL #2			
2. Name Of Operator LEGACY RECLAMATION PROJECT RECEIVED					9. API Well No.		
LEGACY RECLAMATION PRO				3004110087 V			
3a. Address N/A	3b. Phone No. (include area code) N/A			10. Field and Pool, or Exploratory Area WILDCAT			
				11. County or Parish, State			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 22, T. 07 S., R. 33 E., SENE 1980FNL, 660FEL					ROOSEVELT, NM		
020.22, 1.07 0., 1.00 2					HOODEVEEI	, 14141	
12. CHECK API	PROPRIATE BOX(ES) T	TO INDICATE NAT	URE OF N	NOTICE,	REPORT, OR O	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize	Deepen		Production	(Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	\boxtimes	Reclamatio	tion 🗌 Well Integrity		
Subsequent Report	Casing Repair	New Construction	n 🗌	Recomplet	e	Other	
	Change Plans Plug and Abandon Temporarily Abandon						
Final Abandonment Notice	Convert to Injection Plug Back Water Disposal						
13. Described Proposed or Complet thereof. If the proposal is to dee and zones. Attach the Bond un within 30 days following compl shall be filed once testing has be the operator has determined that	epen directionally or recomplete der which the work will be pe- letion of the involved operation een completed. Final Abandonr the site is ready for final inspec	e horizontally, give subsu rformed or provide the B is. If the operation result ment Notices shall be filed ction.)	rface location ond No. on s in a multip l only after a	ns and mea file with B ble completi ll requireme	sured and true vertic LM/BIA. Required ion or recompletion ents, including reclar	cal depths of all pertinent mark subsequent reports shall be f in a new interval, a Form 316 mation, have been completed,	
BLM WILL INTERNAL							
		500 5	500				
		FOR F Mwlo		KD O 03 /24	NLY 1/2015		
14. I hereby certify that the foregoing	ing is true and correct						
Name (Printed/Typed)	porre Majo	2	Title	1pg			
Signature	The Al	- I	Date	hole.			
Gamest	F Maye	2	- 3/1	8/16			
1 1	THIS SPACE F	OR FEDERAL OF					
Approved By Mr S	rdr.		Lands	ant Fiel And Mi	ld Manager, inerais	Date OS/2/1/6	
Conditions of approval, if any, are or certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those right		Office		FIELD OFFIC	Έ	
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation			e to any depa	artment or a	agency of the United	States any false, fictitious or	
(Instructions on reverse)		and the second					
						MAR 2 9 2016	