BU SUNDRY N Do not use this				toc bbs	 FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No. NMNM044701D 6. If Indian, Allottee or Tribe Name 		
SUBMIT IN TRIPL	ICATE – Other inst	ructions on rever	se side	7-7	7. If Unit or CA/A	Agreement, Name and/or No	
1. Type of Well Image: Gas Well <td< td=""><td colspan="3"> 8. Well Name and No. TODHUNTER FED. #1 9. API Well No. </td></td<>					 8. Well Name and No. TODHUNTER FED. #1 9. API Well No. 		
2. Name Of Operator LEGACY RECLAMATION PROJECT RECEIVE				ED	-3000520673 30-041-10606 V		
3a. Address N/A	3b. Phone No. (include area code) N/A			10. Field and Pool, or Exploratory Area CHAVEROO SAN ANDRES			
4. Location of Well (<i>Footage</i> , <i>Sec</i> SEC. 19, T. 07 S., R. 33 E	- /				11. County or Parish, State ROOSEVELT, NM		
12. CHECK API	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF N	OTICE.	, REPORT, OR (OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize Alter Casing Casing Repair	 Deepen Fracture Treat New Construction 	× I	Reclamati		 Water Shut-Off Well Integrity Other 	
Subsequent ReportFinal Abandonment Notice	 Casing Repair Change Plans Convert to Injection 	 Plug and Abandon Plug Back 		Recomple Femporari Water Dis	rily Abandon		
and zones. Attach the Bond un within 30 days following compl	epen directionally or recomplet der which the work will be pu- etion of the involved operation en completed. Final Abandon the site is ready for final inspec-	te horizontally, give subsurfi erformed or provide the Boo ns. If the operation results ment Notices shall be filed o ction.)	ace location ad No. on a n a multipl nly after al	ns and mea file with E le complet 1 requirem	asured and true vertic BLM/BIA. Required ion or recompletion aents, including reclar	cal depths of all pertinent markers subsequent reports shall be filed in a new interval, a Form 3160-4 mation, have been completed, and	
SURFACE RESTORA							
				FO	RRECOR	RD ONLY 03/29/2016	
14. I hereby certify that the foregoin Name (<i>Printed/Typed</i>)	ing is true and correct		N	RS			
Signature	A. Mauje	Da	te 3	/11/1	1		
	THIS SPACE I	FOR FEDERAL OR	STATE	OFFICE	USE		
Approved By	Septo	م	Title	nt Fiel	d Manager,	Date 03/2/116	
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 rig	notice does not warrant	219153 A		1 - 100	OFFICE	
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation			to any depa	rtment or a	agency of the United	States any false, fictitious or	
(Instructions on reverse)						MAR 2 9 2016	