UNITED STATES DEPARTMENT OF THE INTERIOR NMOCEDARY

FORM APPROVED OMB No. 1004-0135

BUREAU OF LAND MANAGEMENT Hobbs					5. Lease Serial No. NMNM—02848				
BUREAU OF LAND MANAGEMENT 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.									
								6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on reverse side						7. If Unit or CA/Agreement, Name and/or No			
1. Type of Well						8. Well Name and No.			
Oil Well Gas Well Other Dry						R. O. CHAMPEAU FEDERAL #1			
2. Name Of Operator						9. API Well No.			
LEGACY RECLAMATION PROJECT / THE TEXAS COMPANY					2	30-041-00276 00267			
3a. Address	3b. Phone No. (include area code)			2)	10. Field and Pool, or Exploratory Area				
N/A	N/A				UNKNOWN				
4. Location of Well (Footage, Sec.	tion)				11. County or Parish, State				
SEC. 12, T. 08 S., R. 35 E.	VL .				ROOSEVELT, NM				
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE						, REPORT, OR (OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTIO				ACTION				
☐ Notice of Intent	☐ Acidize	Deepen	Deepen Product		Productio	n (Start/Resume)	☐ Water Shut-Off		
	☐ Alter Casing	Fracture Tr	eat		Reclamati	ion	☐ Well Integrity		
☐ Subsequent Report	☐ Casing Repair ☐ New Construct		ruction		Recomple	ete	Other		
	☐ Change Plans	☐ Plug and Al	oandon		Temporar	rily Abandon			
	☐ Convert to Injection	☐ Plug Back		☐ Water Disposa		sposal			
13. Described Proposed or Completed If the proposal is to deepen direct Attach the Bond under which the following completion of the invo testing has been completed. Find determined that the site is ready f BLM WILL INTERNAL EXISTING OPERATO WELL SHOULD BE C	tionally or recomplete horizonts work will be performed or provided operations. If the operational Abandonment Notices shall for final inspection.) LLY GENERATE A (IDENTIFY AND	ally, give subsurface rovide the Bond No. on results in a multip be filed only after a FAN) FOR AP	location on file vole comp ll require	is and m with BL! letion or ements,	easured and M/BIA. Re recompleti including re	I true vertical depths of quired subsequent rep on in a new interval, eclamation, have been	of all pertinent markers and ports shall be filed within a Form 3160-4 shall be file a completed, and the opera	d zones. 30 days ed once	
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>) FORREST MAYER			Title NATURAL RESOURCE SPECIALIST						
Signature	Chi	CA)		Date Date			L OI LOIALIOI		
clamers	J. Tillaus	n			•	3/24/17			
	THIS SPACE F	OR FEDERAL	OR S	TATE	OFFICE	USE			
Approved By	\S\ Robert Hos	skinson	Title		Acting	Date 3/24//	7		
Conditions of approval, if any, are				Office	Ro	SWELL FIELD	OFFICE		

which would entitle the applicant to conduct operations thereon.