

|                                                                                        |                                         |
|----------------------------------------------------------------------------------------|-----------------------------------------|
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>See attached | 11. Country or Parish, State<br>Lea, NM |
|----------------------------------------------------------------------------------------|-----------------------------------------|

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |                                               |                                                    |                                           |
|------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input checked="" 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 type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <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 checked="" type="checkbox"/> Other |
|                                                      | <input type="checkbox"/> Change Plans         | <input 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 recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed.

|                                                                                                                                                                              |                                                                          |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| Form 3160-5<br>(October 2024)                                                                                                                                                | UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT | FORM APPROVED<br>OMB No. 1004-0220<br>Expires: October 31, 2027 |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><i>Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.</i> |                                                                          | 5. Lease Serial No. See attached                                |
|                                                                                                                                                                              |                                                                          | 6. If Indian, Allottee or Tribe Name                            |

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

7. If Unit of CA/Agreement, Name and/or No. Multiple

completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Legacy Reserves Operating, LP wishes to withdraw/cancel the following expired and otherwise unapproved APDs in Lea County New Mexico.:

- US Well Number Well Name Well Number
  - 3002536708 ANTEATER FEDERAL 1
  - 3002536711 ANTEATER FEDERAL 4
  - 3002536707 ANTEATER FEDERAL 6
  - 3002545573 LEA UNIT 101H
  - 3002545900 LEA UNIT 120H
  - 3002545995 LEA UNIT 202H
  - 3002545996 LEA UNIT 203H
  - 3002545902 LEA UNIT 220H
  - 3002545903 LEA UNIT 221H
  - 3002544301 LEA UNIT 52H
  - 3002544252 LEA UNIT 53H
  - 3002549499 LEA UNIT 68H
  - 3002545901 LEA UNIT 702H
- See attached page for additional details.

|                                                                                                     |                                                   |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>Dwight Mallory | Title<br>Director, Environmental, Health & Safety |
| Signature <i>Dwight Mallory</i>                                                                     | Date<br>10/27/2025                                |

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

|                                                                                                                                                                                                                                                           |                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|
| Approved by <i>[Signature]</i>                                                                                                                                                                                                                            | Title <i>Sep PE</i> | Date <i>10/28/2025</i> |
| 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. | Office <i>CFO</i>   |                        |

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

|                                                                                        |                                                 |
|----------------------------------------------------------------------------------------|-------------------------------------------------|
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>See attached | 11. County or Parish, State<br>Eddy, New Mexico |
|----------------------------------------------------------------------------------------|-------------------------------------------------|

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |                                               |                                                    |                                           |
|------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input checked="" 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 type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <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 checked="" type="checkbox"/> Other |
|                                                      | <input type="checkbox"/> Change Plans         | <input 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 recompleting 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleting in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site

Form 3160-5  
(October 2024)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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.**

FORM APPROVED  
OMB No. 1004-0220  
Expires: October 31, 2027

|                                      |              |
|--------------------------------------|--------------|
| 5. Lease Serial No.                  | See Attached |
| 6. If Indian, Allottee or Tribe Name |              |

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

|                                             |
|---------------------------------------------|
| 7. If Unit of CA/Agreement, Name and/or No. |
| Multiple                                    |

Legacy Reserves Operating, LP wishes to withdraw/cancel the following expired and otherwise unapproved APDs in Eddy County New Mexico:

- | US Well Number | Well Name              | Well Number |
|----------------|------------------------|-------------|
| 3001535826     | DONNER 30 FEDERAL 1    |             |
| 3001539905     | MOOSE 23 FEDERAL 3H    |             |
| 3001534187     | RED LAKE SAND UNIT 53Q |             |
| 3001534188     | RED LAKE SAND UNIT 55Q |             |
| 3001534180     | RED LAKE SAND UNIT 56Q |             |
| 3001534182     | RED LAKE SAND UNIT 58Q |             |

See attached pag for additional details.

|                                                                                                     |                                                   |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>Dwight Mallory | Title<br>Director, Environmental, Health & Safety |
| Signature<br><i>Dwight Mallory</i>                                                                  | Date<br>10/27/2025                                |

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

|                                                                                                                                                                                                                                                           |                          |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| Approved by<br><i>Chs Wells</i>                                                                                                                                                                                                                           | Title<br><i>Sup P.E.</i> | Date<br><i>10/28/2025</i> |
| 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. | Office<br><i>CFO</i>     |                           |

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 522167

CONDITIONS

|                                                                              |                                                        |
|------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>LEGACY RESERVES OPERATING, LP<br>PO Box 267<br>Denver, CO 80201 | OGRID:<br>240974                                       |
|                                                                              | Action Number:<br>522167                               |
|                                                                              | Action Type:<br>[C-103] Sub. APD Cancellation (C-103C) |

CONDITIONS

|             |           |                |
|-------------|-----------|----------------|
| Created By  | Condition | Condition Date |
| ahvermersch | None      | 12/3/2025      |