Form 3160-5 (March 2012)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. OIL CONSERVATION DIVISION 811 S. FIRST STREET

FORM APPROVED

NM 99710

OMB No. 1004-0137 Expires: October 31, 2014

١	171 000 A I U	LAP
	Lease Serial No.	
	NMNM8431	

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

6. If Indian, Allottee or Tribe Name

abandoned well.	Use Form 3160-3 (A	PD) for such	proposals.					
SUBMI	T IN TRIPLICATE - Other	7. If Unit of CA/Agre	ement, Name and/or No.					
1. Type of Well		8. Well Name and No	-					
Oil Well Gas Well Other					Penjack Federal #11Q			
Name of Operator     Legacy Reserves Operating LP					9. API Well No. 30-005-63592			
3a. Address   3b. Phone No.   432-689-			(include area code) 10. Field and Pool or Exploratory Area					
			00		Pecos Slope; ABO (Gas)			
<ol> <li>Location of Well (Footage, Sec., T., 660' FNL &amp; 1780' FEL, Unit Letter B, Sec. 1.</li> </ol>	)			11. County or Parish, Chaves Co., NN				
12. CHEC	CK THE APPROPRIATE BO	X(ES) TO INDIC	ATE NATURE O	F NOTIC	CE, REPORT OR OTH	IER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION						
Notice of Intent	Acidize	Deepen		Produ	uction (Start/Resume)	Water Shut-Off		
	Alter Casing	Fracture	Treat	Recla	mation	Well Integrity		
Subsequent Report	Casing Repair	New Co	nstruction	Reco	mplete			
	Change Plans		I Abandon	_ `	oorarily Abandon			
Final Abandonment Notice	Convert to Injection	Plug Ba	ck L	Wate	r Disposal			
Effective 01/01/2013 COG Operating, LLC transferred operations to Legacy Reserves Operating LP.  The undersigned accepts all applicable terms, conditions, stipulations and restrictions concerning operations on the lease land or portion thereof, as described above.  Legacy Reserves Operating LP bond coverage pursuant to 43 CFR 3104 for lease activities is provided by BLM Bond No. NMB00 APR 1 2 2013  MOCD ARTESIA								
14. I hereby certify that the foregoing is t	rue and correct Name (Printe	d/Typed)	1/3					
Ernie Hanson			Title Operations Manager					
Elitie Hallson			The operation manager					
Signature Date 01/01/2013								
	THIS SPACE	FOR FEDER	AL OR STAT	E OFF	ICE USE			
Approved by /S/ DAVID Conditions of approval, if any, are attache that the applicant holds legal or equitable	s not warrant or cert	Title ify		ENGINEER	Date APR 10 2013			
entitle the applicant to conduct operations  Title 18 U.S.C. Section 1001 and Title 43		a crima for annument	on knowingle and	willedi	o malra to any desert	ant or occupy of the Their of Control of City		
THE TO U.S.C. SECTION TOUT AND THE 43	U.S.C. Section 1212, make it a	a cinne for any perso	ni knowingiy and v	viiiuily to	о таке то апу верапте	nt or agency of the United States any false,		