

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: October 31, 2014**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.***SUBMIT IN TRIPLICATE – Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>INJECTOR</u>		5. Lease Serial No. <b>LC-055546</b>
2. Name of Operator <b>Legacy Reserves Operating LP</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>PO Box 10848, Midland, TX 79702</b>	3b. Phone No. (include area code) <b>432-689-5200</b>	7. If Unit of CA/Agreement, Name and/or No. <b>NM70970A</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1830 FSL; 660 FEL; I, 5, T25S, R37E; 32.1570565, -103.178515179</b>		8. Well Name and No. <b>Langlie Jal Unit #60</b>
		9. API Well No. <b>30-025-24879</b>
		10. Field and Pool, or Exploratory Area <b>Langlie Mattix; 7Rivers-Queen-Grbg</b>
		11. County or Parish, State <b>Lea County, NM</b>

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

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

01/10/14 MIRU plugging equipment. Dug out cellar. ND wellhead, NU BOP. POH w/ tbg. RIH w/ gauge ring to 3450'.  
01/13/14 RIH w/ 4 1/2 CIBP and set @ 3400'. Circulated hole w/mud laden fluid. Spotted 40 sx cement @ 3400-2810. Pull out of cement. WOC. Tagged plug @ 2718'. Spotted 25 sx cement @ 2510-2141. POH w/ tbg. 01/14/14 Set packer @ 550'. Pressure tested casing. Held 550 psi. Perf'd csg @ 1175'. Pressured up on csg. RIH w. tbg and spotted 40 sx cement @ 1225-625. POH w/ tbg. WOC. Tagged plug @ 623'. Perf'd csg @ 520'. Sqz'd 165 sx cement @ 520 and circulated to surface. 01/15/14 Verified cement @ surface. Cut off wellhead. Rigged down moved off. 01/21/14 Moved in backhoe and welder. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off and removed deadmen. Cleaned location and moved off.

HOBBS OCD  
FEB 19 2014

RECEIVED

RECLAMATION  
DUE 7-20-14

Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.

ACCEPTED FOR RECORD

FEB 7 2014

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) <b>LAURA PINA</b>		Title <b>REGULATORY TECH</b>
Signature <i>Laura Pina</i>		Date <b>01/23/2014</b>

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

Approved by	Title	Date
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	

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)

MAR/OCD 2/20/2014

FEB 20 2014