Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE - On 1. Type of Well		FORI OMB Expires: 5. Lease Serial No. NMNM12612 6. If Indian, Allotted	e or Tribe Name
1. Type of Well	her instructions on page 2	7. If Unit or CA/Ag	reement, Name and/or No.
Oil Well Gas Well Other	8. Well Name and N COOPER JAL U		
Name of Operator LEGACY RESERVES OPERATING LÆ-Mail: js	9. API Well No. 30-025-11153		
3a. Address PO BOX 10848 MIDLAND, TX 79702	3b. Phone No. (include area code Ph: 432-689-5200		or Exploratory Area TTIX;7RVRS-Q-GR
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Paris	h, State
Sec 19 T24S R37E NENW 660FNL 1917FWL		LEA COUNTY	′, NM
12. CHECK THE APPROPRIATE BO	OX(ES) TO INDICATE NATURE O	F NOTICE, REPORT, OR O	THER DATA
TYPE OF SUBMISSION	TYPE OF ACTION		
□ Notice of Intent	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☐ Alter Casing Subsequent Report ☐ Casing Pero		☐ Reclamation	☐ Well Integrity
- Casing Repa		Recomplete	Other
☐ Final Abandonment Notice ☐ Change Plan ☐ Convert to I		▼ Temporarily Abandon ▼ Water Disposal	
If the proposal is to deepen directionally or recomplete hor Attach the Bond under which the work will be performed of following completion of the involved operations. If the optesting has been completed. Final Abandonment Notices of determined that the site is ready for final inspection. O3/01/2017 Ran MIT, pressure casing to 520#. is now TA'd.	or provide the Bond No. on file with BLM/BIA eration results in a multiple completion or reconust be filed only after all requirements, include	Required subsequent reports must impletion in a new interval, a Form 3 ing reclamation, have been complete.	be filed within 30 days 160-4 must be filed once
14. I hereby certify that the foregoing is true and correct.	ission #369105 verified by the BLM We ACY RESERVES OPERATING LP, sent	Il Information System to the Hobbs	
Name (Printed/Typed) JOHN SAENZ	Title OPERA	TIONS ENGINEER	
Signature (Electronic Submission)	Date 03/08/2	017	
THIS SPA	ACE FOR FEDERAL OR STATE	OFFICE USE	
	D for RECORD ONLY. All Forms require BLM APPROV	<u>AL.</u>	Date or agency of the United

(Instructions on page 2)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

MUB/000 3/13/2017

