1 • 1		N.M	4. OIL C ONSE	RVATION DIVISION	
	UNITED STATES PARTMENT OF THE INT REAU OF LAND MANAC	TERIOR	81 S. FI I	ST STREET	FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014
SUNDRY Do not use this	NOTICES AND REPOR form for proposals to c Use Form 3160-3 (APD	TS ON WELLS drill or to re-enter a	an	NMNM35925 6. If Indian, Allottee	or Tribe Name
	tructions on page 2.		7. If Unit of CA/Agreement, Name and/or No. NMNM072303		
1. Type of Well Oil Well Gas			8. Well Name and No. Dana Federal #4		
2. Name of Operator Legacy Reser		9. API Well No. 30-005-61810			
3a. Address	Phone No. (include area	code)			
		432-689-5200	Pecos Slope; ABO (Gas)		
I. Location of Well (Footage, Sec., 7 2310' FSL & 1980' FWL, Unit Letter K, Sec.		11. County or Parish, State Chaves Co., NM			
12. CHE	ECK THE APPROPRIATE BOX(E	ES) TO INDICATE NATU	IRE OF NOTIC	CE, REPORT OR OTH	IER DATA
TYPE OF SUBMISSION	BMISSION TYPE OF AC			ION	
Notice of Intent	Acidize	Deepen Fracture Treat		uction (Start/Resume) amation	Water Shut-Off Well Integrity
Subsequent Report	Casing Repair	New Construction	_	omplete	Other Change of Operator
Final Abandonment Notice	Convert to Injection	Plug and Abandon Plug Back		porarily Abandon er Disposal	
Effective 01/01/2013 COG Ope The undersigned accepts all ap or portion thereof, as described Legacy Reserves Operating LP	plicable terms, conditions, stipu above.	Ulations and restrictions	concerning of	perations on the leas	1035
4. I hereby certify that the foregoing is	true and correct. Name (Printed/Ty,	ped)	···		/0/0.jue ~ /0/12
Ernie Hanson	Title Opera	Title Operations Manager			
Signature Epime	Date 01/01.	Date 01/01/2013			
	THIS SPACE FO	R FEDERAL OR S	TATE OFF	FICE USE	
Approved by /S/ DAVII	little	TROLEUM	ENGINEER	Date APK 10 2013	
conditions of approval, if any, are attach- nat the applicant holds legal or equitable ntitle the applicant to conduct operations	title to those rights in the subject least thereon.	ase which would Office	<u>_</u>	MUL PALD OF	
ictitious or fraudulent statements or rep			/ and willfully to	o make to any departme	nt or agency of the United States any false,
Instructions on page 2)					