BUREAU OF LAND MANAGEMENT       5. Lease Serial No. NMNM100844         SUNDRY NOTICES AND REPORTS ON WELLS       6. If Indian, Allottee or Tribe Name         Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.       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.	Form 3160-5 (March 2012)	UNITED STATES PARTMENT OF THE IN	ſ	)CD Artesia	(	FORM APPROVED OMB No. 1004-0137	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or bra-enter an abandonod well. Use Form 3160-3 (APD) for such proposals.  SUBMIT IN TRIFLICATE - Other instructions on page 2  Type of Well Grave Mell Grave Mel							
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Image: Construction          By Well Nume and Part Number 2           By Well Nume and Part Number 2          2: Name of Operating         Legacy Reserves Operating LP           9         Act Volt Number 2           Part Volt Number 2          3: Address         Po Bas 1664, Walend, TX 10102           10         Field and Pool Deployatory Area         Core Flats; Wolfcamp          4: Location of Well (Provings, Sec. T.R.M. or Sumey Discription)           11         Control of Well (Provings, Sec. T.R.M. or Sumey Discription)           11         Control of Well (Provings, Sec. T.R.M. or Sumey Discription)             4: Location of Well (Provings, Sec. T.R.M. or Sumey Discription)           11         Control of Netlet Action           Eddy Co., NM             12: CHECK THE APPRORIATE BOX(ES) TO INDICATE NATURES OF NOTICE, REPORT OR OTHER DATA           TYPE OF SUBMISSION           Water Shot-Off             Subsception Report           Actidize           Despine Prove Construction         Recomplete           One Change Ring             Subsception Report           Actidize           Prograd Abandom           Propada is to depend incicionally or recomplete Introve to Ingetion         Prograd Abandom         Water Shot-Off             Subsception Report           Change Rings         Envionnestholice           Pron		T IN TRIPLICATE – Other in	astructions on page 2		7. If Unit of CA/Agree	ement, Name and/or N	0.
Legacy Reserves Operating LP       30.0145.0058         3a. Address       PD Bas 10986, Madand, TX 10702       432-689.5200       10. Field and Pool of Exploratory Area Crow Flats: Wolkcamp         41. Location of Well (Poolage, Sec. T. R.M., or Survey Description)       11. Controy of Parish, State       Eddy Co., NM         96 Fix A. 1080 FE, Unit Letter 8, Sec. T. FL-M, A. 20 Survey Description)       11. Controy of Parish, State       Eddy Co., NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA       TYPE OF ACTION       Water Shu-Off         IV Noise of Intent       Including end base of an exploration in the completation of the Shu-Off       Including end base of the shu-Off       Water Shu-Off         IV Noise of Intent       Including end base of an exponential data in the completation in the shu-Off       Including end base of an exponential data in the shu-Off         IV Noise of Intent       Including end base of an exponential data in the shu-Off       Including end base of an exponential data in the shu-Off         IV Subsequent Report       Including end base of an exponential data in the shu-Off       Including end and base of an exponential data in the shu-Off         IV Subsequent Report       Including end base of an exponential data in the shu-Off       Including end and end and an exploration data and the advention the shu-Off         IV Field Abandomnet Noise       Including end and here which the work will be performed or provine the Bool No. on the will BL/MARIA. R	I. Type of Well       Image: Oil Well     Image: Gas Well       Image: Oil Well     Image: Gas Well						
PD Box 10846, Mediand, TX 19702       432-688-5200       Crow Fiels: Wolfcamp         4. Location of Well ( <i>Postige, Sec., T.R.M. of Survey Description</i> )       11. Comby Parish, State       Eddy Co., NM         987 PK. 4 St80 FE, Unit Leave, Stor. 21, FLIGS, R24E       12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION       Water Shuk-Off         IVE OF SUBMISSION       TYPE OF ACTION       Water Shuk-Off         IVE OF SUBMISSION       Prequent Term       Preduction (Stat/Result       Water Shuk-Off         IVE OF SUBMISSION       Change Plans       Prequent Term       Recomptate       Water Shuk-Off         IVE OF SUBMISSION       Change Plans       Prequent details, mituding estimated stating date of any proposed vork and approximate duration thereoff       Temporarity Abandon         IS Describe Proposed or Completed Operation: Clearly state all pertinent details, mituding estimated stating date of any proposed vork and approximate duration thereoff       Temporarity Abandon         13. Describe Proposed or Completed Operation: State all pertinent details, mituding estimated stating date of any proposed vork and approximate duration thereoff       Temporarity Abandon         14. Description of the mitory doperations. If the operation results and three state and the state state of the results and the state and othereoff       Temporarity Abandon         15. Description of the mitory doperations. If the operatin results is	Legacy Reserve				9. API Well No. 30-015-40588		
By FNL A 1980 FEL, UNIT Letter B, Bec. 21, T-65, R-28E       Eddy Co., NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subscience of Innexi       Actidize       Deepen         By Subscience of Innexi       Actidize       Deepen         Change Plans       Plag and Abandon       Water Shue-Off         Subscience of Innexi       Change Plans       Plug and Abandon         By Subscience Notice       Converts to Topiction       Plug and Abandon         Change Plans       Plug and Abandon       Composed or owner to Topiction         Subscience Notice       Converts to Topiction       Plug Back       Water Disposal         Change Plans       Plug Back       Water Disposal       Other Change of Operations Clarly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof the involved operations. If the operation results is a multiple completion or recomplete horizonally, give subscripted to wind BJAMARA. Required subscripter toports must to filed once entiting in the owner with the one owner toport. The Abandonnee thorizon must be filed only after all requirements, including reclamation, have been completed and the operation is a developeration.         Effective 01/01/2013 COG Operating, LLC transferred operations to Legacy Reserves Operating LP.         The undersigned accepts all applicable terms, conditions, stipulations and restrictions conce	PO Box 10848, Midl	land, TX 79702		area code)	Crow Flats; Wolfe	camp	
TYPE OF SUBMISSION       TYPE OF ACTION         Image: Notice of Intent       Image: Activity       Decem       Production (StarVResume)       Image: Water Shut-Off         Image: Subsequent Report       Image: Casing Repair       Image: Casing					•	State	
Notice of Intext       Actidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Ø Other Change of Operal         Subsequent Report       Change Plans       Plug and Abandon       Temporarity Abandon       Ø Other Change of Operal         Subsequent Report       Change Plans       Plug and Abandon       Temporarity Abandon       Ø Other Change of Operal         Subsequent Report       Change Plans       Plug and Abandon       Temporarity Abandon       Ø Other Change of Operal         Subsequent Report       Change Plans       Iperiod Plans, Including estimated starting date of any proposed work and approximate duration thereof       Ø Other Change of Operal         Subsequent Report       Change Plans       Iperiod Plans       Back       Water Diaposal         Subsequent Report       Change Plans       Iperiod Plans       Mater Diaposal       Iperiod Plans         Subsequent Report       Change Plans       Iperiod Plans <td>12. CHEC</td> <td>CK THE APPROPRIATE BOX</td> <td>(ES) TO INDICATE N</td> <td>ATURE OF NOT</td> <td>ICE, REPORT OR OTHI</td> <td>ER DATA</td> <td></td>	12. CHEC	CK THE APPROPRIATE BOX	(ES) TO INDICATE N	ATURE OF NOT	ICE, REPORT OR OTHI	ER DATA	
Alter Casing Repair   Alter Casing Fracture Treat   Casing Repair New Construction   States the Bond Made which and Auger States and Zones.   Attach the Bond under which the down will be performed or provide the Band No. on file with BUMBIA. Repaired aubequent report must be filed with a 0 ager states and zones.   Attach the Bond under which the operations. Lift the operations to Legacy Reserves Operating LP.   The undersigned accepts all applicable terms, conditions, stipulations and restrictions concerning operations on the lease land or protion thereof, as described above.   Legacy Reserves Operating LP bond coverage pursuant to 43 CFR 3104 for lease activities is provided by BLM Bond No. NMB000394.   At Interly statistic that the f	TYPE OF SUBMISSION			TYPE OF AC	TION		
Subsequent Report       Change Plans       Plag and Abandon       Temporarily Abandon         Pinal Abandonment Notice       Convert to Injection       Plag Back       Water Disposal         313. Describe Proposed or Completed Operation: Clearly state all perinent details, including estimated starting date of any proposed work and approximate duration thereof the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and ruce vertical deptits of all perinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BL/MBIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in an unitiple completion or recompletion in a new interval, storab be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)         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. NMB000394.         Image: Subject TO LIKE APPROVAL BY STATE       SUBJECT TO LIKE APPROVAL BY STATE         NMOCD ABTESHO       Title Operations Manager         Signature       Title Operations Manager         Signature       Title Operations Manager         Signature <td>Notice of Intent</td> <td>Alter Casing</td> <td>Fracture Treat</td> <td></td> <td>clamation</td> <td>Well Integrity</td> <td></td>	Notice of Intent	Alter Casing	Fracture Treat		clamation	Well Integrity	
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof 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/BLA. 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. Final Abandomment 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.)         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. NMB000394.          Image: Proposed of Depression       SUBJECT TO LIKE		Change Plans	Plug and Aband	lon 🔲 Ter	mporarily Abandon	U Other <u>Othang</u>	
Legacy Reserves Operating LP bond coverage pursuant to 43 CFR 3104 for lease activities is provided by BLM Bond No. NMB000394.           Image: Subject to Like Approval of this notice does not warrant or certify hat the approval of this notice does not warrant or certify hat the operations of approval, if any, are attached. Approval of this notice does not warrant or certify hat the operation of approval, if any, are attached. Approval of this notice does not warrant or certify hat the operation of approval, if any, are attached. Approval of this notice does not warrant or certify and the approval of this notice does not warrant or certify of the does not warrant or certify and the approval of this notice does not warrant or certify of the does not warrant or certify of the does not warrant or certify and the approval of this notice does not warrant or certify of the does not warrant or cert	the proposal is to deepen direction Attach the Bond under which the v following completion of the involv testing has been completed. Final	ally or recomplete horizontally, work will be performed or provi ved operations. If the operation Abandonment Notices must be	give subsurface location ide the Bond No. on file results in a multiple co	ons and measured a e with BLM/BIA. Impletion or recom	and true vertical depths o Required subsequent rep opletion in a new interval,	of all pertinent markers ports must be filed with , a Form 3160-4 must b	and zones. iin 30 days be filed once
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14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)         Ernie Hanson         Signature         Signature         Thile         Operations Manager         Date         01/01/2013         THIS SPACE FOR FEDERAL OR STATE OFFICEAUSE PROVED         Approved by         /s/ Jerry Blakley         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify hat the applicant holds legal or equitable title to those rights in the subject lease which would	the proposal is to deepen direction Attach the Bond under which the v following completion of the involv testing has been completed. Final determined that the site is ready fo Effective 01/01/2013 COG Open The undersigned accepts all app or portion thereof, as described a Legacy Reserves Operating LP 1	ally or recomplete horizontally, work will be performed or provi ved operations. If the operation Abandonment Notices must be or final inspection.) ating, LLC transferred operat plicable terms, conditions, stij above. bond coverage pursuant to 4	give subsurface location ide the Bond No. on file results in a multiple co- filed only after all requ- tions to Legacy Rese pulations and restrict 3 CFR 3104 for lease BJECT TO LIKE	ons and measured a e with BLM/BIA. ompletion or recom- irrements, includin rves Operating L ions concerning e activities is pro	and true vertical depths o Required subsequent rep opletion in a new interval, g reclamation, have been .P. operations on the lease vided by BLM Bond No SEE	of all pertinent markers borts must be filed with , a Form 3160-4 must be completed and the op e land b. NMB000394.	and zones. in 30 days be filed once erator has FOR
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## 6/21/2013 Approved subject to Conditions of Approval. Recent Bond review. JDB

## Change of Operator

## **Conditions of Approval**

## Legacy Reserves Operating LP.

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- 1. When built tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. When complete submit for approval of water disposal method.
- 3. When built submit updated facility diagrams as per Onshore Order #3
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.

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