Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

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

5. Lease Serial No. NMNM118710

6. If Indian, Allottee or Tribe Name

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

| abandoned well. | Use Form 3160-3 (A | (APD) for such proposal | s. | | | | |
|---|--|-----------------------------------|---------------------------------|--|---|--|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2. | | | | . If Unit of CA/Agreen | nent, Name and/or No. | | |
| I. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other | | | | 8. Well Name and No. High Lonesome 24 Federal #2H | | | |
| 2. Name of Operator Legacy Reserves Operating LP | | | | 9. API Well No. 30-015-39228 | | | |
| Ba. Address 3b. Phone No. (include area code) | | | | 10. Field and Pool or Exploratory Area | | | |
| PO Box 10848, Mid | 432-689-5200 | | Wildcat G-04 S162928A; Wolfcamp | | | | |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1980' FSL & 330' FWL, Unit Letter L, Sec. 24, T-16-S, R-29-E | | | | 11. County or Parish, State Eddy Co., NM | | | |
| | | DX(ES) TO INDICATE NATUR | F OF NOTICE | | R DATA | | |
| TYPE OF SUBMISSION | The full formation between the first terms of the f | | PE OF ACTIO | | | | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture Treat | Product Reclam | tion (Start/Resume) | Water Shut-Off Well Integrity Other Change of Operator | | |
| Subsequent Report | Casing Repair Change Plans | New Construction Plug and Abandon | Recomp | olete rarily Abandon | Other Change of Operator | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water I | Disposal | | | |
| Effective 01/01/2013 COG Oper The undersigned accepts all appropriation thereof, as described Legacy Reserves Operating LP | olicable terms, conditions, above. | stipulations and restrictions co | ncerning ope | NN rations on the lease I | | | |
| | DARTESIA | | | | E ATTACHED FOR ITIONS OF APPROVA | | |
| 4. I hereby certify that the foregoing is t | rue and correct. Name (Printe | | | | | | |
| Ernie Hanson | | Title Operation | ns Manager | Manager | | | |
| Signature 272 | - Ham | Date 01/01/20 |)13 | | | | |
| | THIS SPACE | FOR FEDERAL OR ST | ATE OFF | きらをしいにし | <u> </u> | | |
| Indicate the applicant holds legal or equitable to ntitle the applicant to conduct operations. Fitle 18 U.S.C. Section 1001 and Title 43 | d. Approval of this notice does itle to those rights in the subje thereon. | ct lease which would Office | | JUN 2 2 2013 | | | |
| ictitious or fraudulent statements or repre | | | T ""BUREAL | BACT CAN DEPARTIAGE PLSBAD FIELD OFFIC | or, agency of the United States any false, INLAN GE | | |
| Instructions on page 2) | | | | | | | |

6/21/2013 Approved subject to Conditions of Approval. Recent Bond review. JDB

Change of Operator Conditions of Approval Legacy Reserves Operating LP.

- 1. Tank battery must be bermed/diked (must be able to contain 1.1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. 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.
- 8. Submit plan for approval of well operations for all TA/SI wells within 90 days of this approval to change operator.
- 9. If a well is not capable of production in paying quantities submit Notice of Intent to P&A or submit documentation proving that well is capable of production in paying quantities within 90 days of approval of change of operator.