E 21/0.6	NMOCD						
	UNITED STATES PARTMENT OF THE INTERIOR JREAU OF LAND MANAGEMENT			FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010			
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.					5. Lease Serial No. NMNM36409		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRI	PLICATE - Other instruc	tions on rev	erse side.		7. If Unit or CA/Age	eement, Name and/or No.	
1. Type of Well Oil Well 🔀 Gas Well 🔲 Other					8. Well Name and No. MCCLELLAN MOC FEDERAL 13		
2. Name of Operator Contact: LAURA PINA LEGACY RESERVES OPERATING E-Mail: lpina@legacylp.com					9. API Well No. 30-005-63164-00-X1		
3a. Address PO BOX 10848 MIDLAND, TX 79702	. (include area code 9-5200 Ext: 527						
4. Location of Well (Footage, Sec., T		11. County or Parish, and State					
Sec 29 T5S R25E SENW 198		CHAVES COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) [°] TC) INDICATE	NATURE OF	NOTICE, R	L EPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
□ Notice of Intent		🗖 Dee	pen.	Produc	tion (Start/Resume)	□ Water Shut-Off	
_	Alter Casing	🗆 Frac	acture Treat		ation	Well Integrity	
Subsequent Report	🗖 Casing Repair	🗋 New	Construction	🗖 Recom	plete	Other Final Abandonment No	
🛛 Final Abandonment Notice	Change Plans	🗖 Plug	Plug and Abandon		rarily Abandon	tice	
•.	Convert to Injection	🗖 Plug	Back	Water Disposal			
Attach the Bond under which the wor following completion of the involved testing has been completed. Final At determined that the site is ready for f READY FOR FINAL ABANDC	operations. If the operation respondent to the operation of the operation op	sults in a multipl ed only after all	e completion or rec	ompletion in a	new interval, a Form 3 h n, have been completed,	60-4 shall be filed once and the operator has	
						L CONSERVATION RTESIA DISTRICT	
]	DEC 3 0 2015	
	(lier /=0.5rd 902) 1/4/14	0	v	RECEIVED	
14. I hereby certify that the foregoing is	true and correct." Electronic Submission # For LEGACY RE mmitted to AFMSS for prod	SERVES OPE	RATING, sent to	o the Roswel		•	
Name (Printed/Typed) LAURA P	INA		Title COMP	LIANCE CO	ORDINATOR	<u></u>	
Signature (Electronic Submission)			Date 12/03/2	Date 12/03/2015			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE	· · · ·	
Approved By\S_Rube	Title and the second second get a			DEC 21 2015			
Conditions of approval, if any, are attache certify that the applicant holds legal or equivicity which would entitle the applicant to condu-	ROSWELL FIELD OFFICE						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any pe to any matter w	rson knowingly an ithin its jurisdiction	d willfully to m	ake to any department o	r agency of the United	
** BLM REV	ISED ** BLM REVISE	D ** BLM RI	EVISED ** BLI	M REVISEI	D ** BLM REVISE	ED **	

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