Form 3160-5	OCD Artesia			FORM APPROVED		
Form 3160-5 UNITED STATES (March 2012) DEPARTMENT OF THE INTER			RIOR		OMB No. 1004-0137 Expires: October 31, 2014	
BUREAU OF LAND MANAGEMENT				:	5. Lease Serial No. NMNM95630	
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.						
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well					NMNM126268	
Oil Well Gas Well Other					8. Well Name and No. Blackhawk 11 Federal Corn #1	
2. Name of Operator LEGACY RESERVES OPERATING LP					9. API Well.No. 30-015-38250	
3a. Address 303 W Wall St, Ste 1 Midland, TX 79701	3b. Phone No. <i>(include area code)</i> 432-689-5200			10. Field and Pool or Exploratory Area Crow Flats; Wolfcamp		
				11. County or Parish, State		
 Location of Well (Footage, Sec., T., R., M., or Survey Description) 430' FSL & 330' FWL, Unit Letter M, Sec. 11, T16S, R28E 			Eddy Co., NM			
						ΠΑΤΑ
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA						
TYPE OF SUBMISSION			I Y P	E OF ACT		
Notice of Intent					uction (Start/Resume)	Water Shut-Off
	Alter Casing		ture Treat		amation	Well Integrity
Subsequent Report	Casing Repair	_	Construction and Abandon	\equiv	mplete porarily Abandon	Other
Final Abandonment Notice	Convert to Injection		Back		r Disposal	
13. Describe Proposed or Completed O 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 WRITTEN ORDER #17VB003WPA	ally or recomplete horizontal work will be performed or pro- ved operations. If the operati Abandonment Notices must r final inspection.)	ly, give subsurf ovide the Bond on results in a r be filed only aff	ace locations and n No. on file with BI nultiple completion ter all requirements	neasured an .M/BIA. F or recomp , including	nd true vertical depths of a tequired subsequent repor letion in a new interval, a	Il pertinent markers and zones. ts must be filed within 30 days Form 3160-4 must be filed once
				17		
FORMATION: Lower Abo		1º	for record . NI	NOCD		
	abl tank	Accepted				
STORED: Fiberglass storage 500 bbl tank MOVED: Via Transport			NM OIL CONSERVATION ARTESIA DISTRICT			
DISPOSAL FACILITY:			AUG 21 2017			
a) Operator's Name: Walter So b) Well Name & #: Walter Solt t c) Type: WDW d) Location: 2240' FSL & 400' F	St. #1			, Mar	RECEIVED	
14. I hereby certify that the foregoing is t	rue and correct. Name (Printe	d/Typed)				<u> </u>
Laura Pina			Title Compliance Coordinator			
Signature Aller ma			Date 08/17/2017			
	THIS SPACE	FOR FEDE	RAL OR STA	TE OF	ICE USE	
Approved by Conditions of approval, if any, are attached that the applicant holds legal or equitable t entitle the applicant to conduct operations Title 18 U.S.C. Section 1001 and Title 43 fortitious or fraudulent statements or repres	itle to those rights in the subject thereon. U.S.C. Section 1212, make it a	ct lease which we	ould Office erson knowingly and		Dat	
fictitious or fraudulent statements or repre	semations as to any matter wil	ann us jurisdictio				
(Instructions on page 2)						

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WATER PRODUCTION & DISPOSAL INFORMATION

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In order to process your disposal request, the following information must be completed:				
1.	Name of formations producing water on the lease. <u>Lawrendika</u>			
2.	Amount of water produced from all formations in barrels per day. <u>I barrel</u>			
3. Attach a current water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates. (One sample will suffice if water is commingled.)				
4.	How water is stored on lease. <u>Fiber glass</u> Surgers To Last that			
5.	How water is moved to the disposal facility. <u>Via Transport</u>			
6.	Identify the Disposal Facility by: A. Facility Operators name. Wolfer Solt its			
	B. Name of facility or well name and number. $10all - 3alt - 3al$			
	C. Type of facility or well (WDW) (WIW) etc. <u>UDU</u>			
	224) FSC D. Location by 1/4 1/4 1/20 me Section 5 Township 138 Range 20 F			

7. Attach a copy of the State issued permit for the Disposal Facility.

Submit to this office, **620 EAST GREENE ST**, **CARLSBAD NM**, **88220**, the above required information on a Sundry Notice 3160-5. Submit 1 original and 3 copies, within abatement period. (This form may be used as an attachment to the Sundry Notice.)

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