UNITED STATES OCD-HOBBS* DEPARTMENT OF THE INTERIOR BUREAU OF ANY OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

HARRE AAR

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

| 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 2012 | | | | NMLC - 032452A |
|--|--|---|---|--|
| | | | | 6. If Indian, Allottee or Tribe Name |
| SUBMIT IN TRIPLICATE – Other instructions on page 2 | | | | 7. If Unit or CA/Agreement, Name and/or No. |
| 1. Type of Well | TIM EIGATE G. | / | RECEIVED | NMNM7103X |
| •• | Other / Inj | / ' | in cort A FM | 8. Well Name and No. |
| 2. Name of Operator | | | | Skelly Penrose "A" Unit #55 |
| Legacy Reserves Operating | 5 | | | 9. API Well No. |
| 3a. Address | | b. Phone No. (include area coa | de) | 30-025-10701 10. Field and Pool, or Exploratory Area |
| PO Box 10848, Midland, T | | 32-689-5200 | | Lanlie Mattix; 7 Rvrs-Queen-GBG |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL, 330 FWL, | | | | 11. County or Parish, State |
| L, Sec. 10, T-23-S, R-37-E | | | | Lea County, NM |
| 12. CHECK AF | PROPRIATE BOX(I | ES) TO INDICATE NA | TURE OF NOTICE, REP | |
| TYPE OF SUBMISSION | T | | TYPE OF ACTION | |
| | Acidize | Deepen | Production (Start/Resume) | Water Shut-Off |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamantion | Well Integrity |
| Subsequent Report | Casing Repair | New Construction | Recomplete | Other |
| Subsequent Report | Change Plans | Plug and Abandon | Temporarily Abandon | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | |
| 25 sx cement. POH to 2530 11/29/11 Tagged plug @ 2 Perf'd csg. @ 426'. Set pac | e. POH w/ fish and '. Spot 25 sx. ceme 275'. POH to 1243 ker @ 30'. Sqz'd 1 and backhoe. Dug | packer. RIH open ent. Pull out of cement. Spot 25 sx cement. 30 sx cement to surfacut cellar, cut off w | nt. WOC. Pull out of cement. W ace Pull Packer. ND I rell head. Welded on D | OC. Tagged plug @ 1018'. POH. BOP. Cleaned location. Moved off. ry Hole Marker. Backfilled cellar. |
| | | | } | Accepted as to plugging of the well bore Liability under bond is retained until Surface restoration is completed. RECLAMATION DUE 5.29-/2 |
| 14 I hereby certify that the foregoing is | true and correct.) | | | |
| Name (Printed/Typed) Berry John | n / | | Operations S | uperintendent |
| - /2/1/20 (X | -1 /A | Title | <u> </u> | A COEDTED FOR DECOR |
| Signature | Demon | Date | | WW. CEPTED FOR KECOM |
| | THIS SPAC | E FOR FEDERAL (| OR STATE OFFICE | JSE JSE |
| |) | | | |
| Approved by Conditions of approval, if any, are attach | ed Approval of the notice | does not warrant or cortifu that | Title | Data 1 2011 |
| the applicant holds legal or equitable title | | | | 00 |
| applicant to conduct operations thereon. | TISC Contine 1010 | a it a anima for any sessan les- | puinely and puttfully to make to | ny department to agency of the United |
| States any false, fictitious or fraudulent s | statements or representation | s as to any matter within its jur | risdiction. | ny department of agency of the United BUREAU OF LAND MANAGEMENT |
| (Instructions on page 2) | | | | CARLSBAD FIELD OFFICE |

(Instructions on page 2)

MW/OCD 1/6/2012