

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOGD:HobbsD

RECEIVED JUN 27 2013

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

SUNDRY NOTICES AND REPORTS ON WELLS **JUG 13 2013**
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 RECEIVED

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Serial No. NM63763
2. Name of Operator Legacy Reserves Operating, LP	6. If Indian, Allottee or Tribe Name
3a. Address PO Box 10848, Midland, TX 79702	7. If Unit or CA/Agreement, Name and/or No. Sapphire Federal Unit
3b. Phone No. (include area code) 432-689-5200	8. Well Name and No. Sapphire Federal Unit #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1750 FEL & 1600 FSL J, Sec. 23, T-19-S, R-33-E	9. API Well No. 30-025-31491
	10. Field and Pool, or Exploratory Area Queen
	11. County or Parish, State Lea County NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If 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/BIA. Required subsequent reports shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

06/17/13 MIRU plugging equipment. ND wellhead and NU BOP. Bled down pressure and released packer.
 06/18/13 POH w/ tbg and packer. RIH w/ 5 1/2 CIBP and set @ 4266'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement on top of CIBP 4266-4019. POH to 3350'. Spotted 100 sx cement @ 3350-2339'. Pulled tbg out of cement.
 06/19/13 Tagged plug @ 2480'. Spotted 105 sx cement w/ 1 % CACL @ 2480-1416'. Pulled out of cement. WOC.
 06/20/13 Tagged plug @ 1584'. Spotted 25 sx cement @ 1584-1331. POH. Set packer @ 30' to look for hole in csg. Hole in csg @ 530'-600'. BLM instructed to spot plug @ 650'. Spotted 30 sx cement @ 650-470. WOC.
 06/21/13 Tagged plug @ 341'. Perf'd csg @ 60'. Set packer @ 10'. Pressured up to 1500 psi. Spotted 20 sx cement @ 110' to surface. Riggged down moved off.
 06/24/13 Moved in welder and backhoe. Cut off wellhead. Welded on Ground Level Dry Hole Marker. Back filled cellar. Removed deadmen. Cleaned location and moved off.

RECLAMATION
DUE 12-21-13

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct.)

Name (Printed/Typed) KEVIN BRACEY	Title OPERATIONS SUPERINTENDENT
Signature <i>Kevin Bracey</i>	Date 06/28/2013
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved by _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____
	Date AUG 11 2013
BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

AUG 14 2013