

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

OCD HOBBS OCD
OCD Hobbs
OCT 14 2014
RECEIVED

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.

Lease Serial No.
NM40406, NM84652, NM129733
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No.
2. Name of Operator Legacy Reserves Operating, LP		8. Well Name and No. Hamon Fed Com A 4H
3a. Address PO Box 10848 Midland, TX	3b. Phone No. (include area code) 432-689-5200	9. API Well No. 30-025-41617
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL 420FSL & 1920FSL, Sec. 6, T20S, R34E BHL 330FSL & 660FEL, Sec. 7, T20S, R34E		10. Field and Pool or Exploratory Area Teas East, Bone Spring
		11. County or Parish, State Lea

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

TYPE OF SUBMISSION	TYPE OF ACTION				
<input checked="" 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 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 checked="" type="checkbox"/> Other <u>Variance</u>	
	<input type="checkbox"/> Change Plans	<input 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Legacy Reserves Operating requests a variance to be able to use a collex hose from the BOP to the choke manifold. The hose working pressure is 10,000psi and the test pressure was 15,000psi. Attached is the Test Certificate paperwork from the manufacturer.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

APPROVED
OCT 3 2014
P. Hernandez
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Adolfo Cruz	Title Engineer
Signature <i>[Signature]</i>	Date 09/18/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
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 <i>[Signature]</i>	

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)

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

OCT 16 2014

[Handwritten mark]

QUALITY CONTROL INSPECTION AND TEST CERTIFICATE				CERT. N°: 378	
PURCHASER: ContiTech Beattie Co.				P.O. N°: 004944	
CONTITECH ORDER N°: 498705		HOSE TYPE: 3" ID		Choke and Kill Hose	
HOSE SERIAL N°: 60575		NOMINAL / ACTUAL LENGTH: 9,14 m / 9,14 m			
W.P. 68,9 MPa 10000 psi		T.P. 103,4 MPa 15000 psi		Duration: 60 min.	
<p>Pressure test with water at ambient temperature</p> <p style="text-align: center;">See attachment. (1 page)</p> <p>↑ 10 mm = 10 Min. → 10 mm = 20 MPa</p>					
COUPLINGS Type	Serial N°		Quality	Heat N°	
3" coupling with 4 1/16" Swivel Flange end Hub	8925	8930	AISI 4130	B2297A	
			AISI 4130	31863	
			AISI 4130	B2297A	
ASSET NUMBER : 66 – 0694				API Spec 16 C	
All metal parts are flawless					
WE CERTIFY THAT THE ABOVE HOSE HAS BEEN MANUFACTURED IN ACCORDANCE WITH THE TERMS OF THE ORDER INSPECTED AND PRESSURE TESTED AS ABOVE WITH SATISFACTORY RESULT.					
<p>STATEMENT OF CONFORMITY: We hereby certify that the above items/equipment supplied by us are in conformity with the terms, conditions and specifications of the above Purchaser Order and that these items/equipment were fabricated inspected and tested in accordance with the referenced standards, codes and specifications and meet the relevant acceptance criteria and design requirements.</p> <p style="text-align: center;">COUNTRY OF ORIGIN HUNGARY/EU</p>					
Date: 22. March 2011.	Inspector		Quality Control ContiTech Rubber Industrial Kft. Quality Control Dept. (1) <i>[Signature]</i>		

Yaco

No. 319, 377, 378		10ml x 10.5	
1	100	100	100
2	100	100	100
3	100	100	100
4	100	100	100
5	100	100	100
6	100	100	100
7	100	100	100
8	100	100	100
9	100	100	100
10	100	100	100
11	100	100	100
12	100	100	100
13	100	100	100
14	100	100	100
15	100	100	100
16	100	100	100
17	100	100	100
18	100	100	100
19	100	100	100
20	100	100	100
21	100	100	100
22	100	100	100
23	100	100	100
24	100	100	100
25	100	100	100
26	100	100	100
27	100	100	100
28	100	100	100
29	100	100	100
30	100	100	100
31	100	100	100
32	100	100	100
33	100	100	100
34	100	100	100
35	100	100	100
36	100	100	100
37	100	100	100
38	100	100	100
39	100	100	100
40	100	100	100
41	100	100	100
42	100	100	100
43	100	100	100
44	100	100	100
45	100	100	100
46	100	100	100
47	100	100	100
48	100	100	100
49	100	100	100
50	100	100	100
51	100	100	100
52	100	100	100
53	100	100	100
54	100	100	100
55	100	100	100
56	100	100	100
57	100	100	100
58	100	100	100
59	100	100	100
60	100	100	100
61	100	100	100
62	100	100	100
63	100	100	100
64	100	100	100
65	100	100	100
66	100	100	100
67	100	100	100
68	100	100	100
69	100	100	100
70	100	100	100
71	100	100	100
72	100	100	100
73	100	100	100
74	100	100	100
75	100	100	100
76	100	100	100
77	100	100	100
78	100	100	100
79	100	100	100
80	100	100	100
81	100	100	100
82	100	100	100
83	100	100	100
84	100	100	100
85	100	100	100
86	100	100	100
87	100	100	100
88	100	100	100
89	100	100	100
90	100	100	100
91	100	100	100
92	100	100	100
93	100	100	100
94	100	100	100
95	100	100	100
96	100	100	100
97	100	100	100
98	100	100	100
99	100	100	100
100	100	100	100

Conti Tech Rubber
Industrial Kft.
Quality Control Dept.
(1)

10ml x 10.5

CONDITIONS OF APPROVAL

Sundry dated 09/18/2014

OPERATOR'S NAME:	Legacy Reserves Operating, L.P.
LEASE NO.:	NMNM-129733
WELL NAME & NO.:	Hamon Fed Com A 4H
SURFACE HOLE FOOTAGE:	0420' FSL & 1920' FEL
BOTTOM HOLE FOOTAGE	0330' FSL & 0660' FEL Sec. 07, T. 20 S., R 34 E.,
LOCATION:	Section 06, T. 20 S., R 34 E., NMPM
COUNTY:	Lea County, New Mexico

Original Conditions of Approval still stand with the following additions and or modifications:

1. Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

EGF 100314