

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

HOBBS OCD

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

SUNDRY NOTICES AND REPORTS ON WELLS **AUG 27 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.

RECEIVED

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		5. Lease Serial No. NM-9016
2. Name of Operator LEGACY RESERVES OPERATING LP		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 10848 MIDLAND, TX 79702	3b. Phone No. (include area code) 432-689-5200	7. If Unit of CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 1980' FWL, SEC. 17, T18S, R32E		8. Well Name and No. INCA FEDERAL #7
		9. API Well No. 30-025-30061
		10. Field and Pool or Exploratory Area YOUNG; BONE SPRING, NORTH
		11. County or Parish, State LEA CO., NM

12. CHECK THE 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" 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.)

- 5/10/13 Set CIBP @ 8346'. Dump 5 SX CMT on top of CIBP. Perf'd Bone Spring from 7626'-30', 7634'-50', 7660'-64', 7670'-90', 7694'-7702', 7704'-10', 7716'-31' w/2 JSPF (160 holes).
- 5/14/13 Acidized Bone Spring perfs @ 7626'-7731' w/10,000 gal 7.5% NEFE HCL acid & 240 BS @ 4.1 BPM. AIP - 2744#, ISIP - 2379#, 5" - 2158#, 10" - 2150#, 15" - 2144#. Swab tested 100% water.
- 5/17/13 Set RBP @ 7595'. Perf'd Bone Spring from 6847'-6855' w/2 JSPF (16 holes).
- 5/20/13 Acidized Bone Spring perfs @ 6847'-6855' w/2000 gal 7.5% NEFE HCL acid 24 BS @ 4.9 BPM. AIP - 3700#, ISIP - 3185#, 5" - 2877#, 10" - 2763#, 15" - 2696#. Swab tested 100% water.
- 5/29/13 Frac'd Bone Spring perfs @ 6847'-6855' w/92,442 gal x-lined gel, 89,048# 20/40 white sand, and 26,312# 20/40 Super LC sand @ 24 BPM. AIP - 6225#, ISIP - 4381#, 5" - 3841#, 10" - 3692#, 15" - 3601#. Swab tested 1-2% oil cut.
- 6/4/13 Release RBP @ 7595'. POOH & LD RBP. RIH w/CIBP and set @ 7595'.
- 6/11/13 Well on pump. 24 hr test: 0 BOPD, 0 MCFPD, 130 BWPD.

?

E-PERMITTING -- New Well _____
Comp _____ P&A _____ TA _____
CSNG dn Loc Chng _____
ReComp _____ Add New Well _____
Cancel Well _____ Create Pool _____

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
CRAIG SPARKMAN

Title OPERATIONS ENGINEER

Signature *Craig Sparkman*

Date 08/08/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____
Title _____
Office _____
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.

ACCEPTED FOR RECORD
AUG 24 2013
[Signature]
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD

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.

OCT 20 2014