

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

OCD-HOBBS

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.

OCT 20 2014

5. Lease Serial No.  
NMLC055546

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
8910115870

8. Well Name and No.  
LANGLIE JAL UNIT 31

9. API Well No.  
30-025-11475-00-S1

10. Field and Pool, or Exploratory  
LANGLIE

11. County or Parish, and State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

RECEIVED

1. Type of Well  
 Oil Well  Gas Well  Other: INJECTION

2. Name of Operator  
LEGACY RESERVES OPERATING LP Contact: MARTIN STAELENS  
E-Mail: mstaelens@legacylp.com

3a. Address  
303 W WALL SUITE 1600  
MIDLAND, TX 79702

3b. Phone No. (include area code)  
Ph: 281-465-8387 Ext: 224

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 6 T25S R37E NWNW 330FNL 929FWL

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 checked="" 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 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.)

03/26/14 - RAN MIT, PRESSURE CASING TO 558#, HELD FOR 30 MIN. CHART ATTACHED. RETURN WELL TO INJECTION.

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

Electronic Submission #241945 verified by the BLM Well Information System  
For LEGACY RESERVES OPERATING LP, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 06/10/2014 (14LJ0265SE)

Name (Printed/Typed) MARTIN STAELENS Title PRODUCTION ENGINEER

Signature (Electronic Submission) Date 04/11/2014

ACCEPTED FOR RECORD

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 \_\_\_\_\_

OCT 15 2014  
[Signature]

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

\*\* BLM REVISED \*\*

SL OCD

OCT 27 2014

[Signature]

