

**HOBBSOCD**

**FEB 02 2015**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

**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.*

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

|                                                                                                                                            |                                                   |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION |                                                   | 7. If Unit of CA/Agreement, Name and/or No.<br>NMNM87877X           |
| 2. Name of Operator<br>LEGACY RESERVES OPERATING LP                                                                                        |                                                   | 8. Well Name and No.<br>SOUTH JUSTIS UNIT "C" #160                  |
| 3a. Address<br>PO BOX 10848<br>MIDLAND, TX 79702                                                                                           | 3b. Phone No. (include area code)<br>432-689-5200 | 9. API Well No.<br>30-025-32085                                     |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1500' FNL & 2250' FEL, UNIT LETTER G, SEC. 14, T25S, R37E        |                                                   | 10. Field and Pool or Exploratory Area<br>JUSTIS-BLINBERY-TUBB-DRKD |
|                                                                                                                                            |                                                   | 11. County or Parish, State<br>LEA CO., NM                          |

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

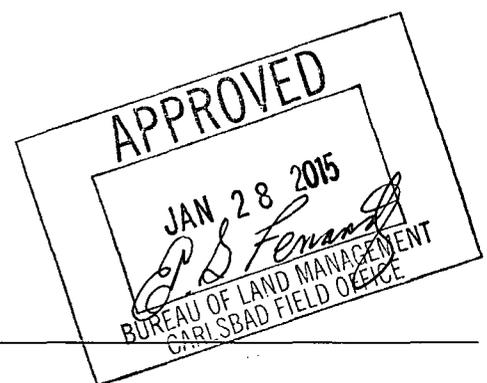
| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |                                           |                                                    |                                         |
|------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Notice of Intent | <input checked="" 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 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 recompleat 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 recompleat 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.)

- MIRU pulling unit. Flange down injection wellhead. Install BOP.
- POH w/ inj pkr and inj tubing. RIH w/ 3 7/8" bit and cleanout suspected casing bridges and wellbore Fill to 5488' PBTD (CIBP @ 5488')
- Spot 275 gal 15% NEFE HCL across perms 5361'-5478'. RIH w/ 4 1/2" pkr. Acidize perms w/ 5000 gal 15% NEFE HCL.
- Flow back well until dead.
- RIH w/ new inj pkr and current IPC tubing and on/off tool. Set pkr at 5082'.
- Notify BLM and run MIT casing pressure test to 500# for 30 min.
- Return well to active injection.

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

**Operator to submit a Subsequent sundry report with chart recorded MIT**



|                                                                                                    |  |                                 |
|----------------------------------------------------------------------------------------------------|--|---------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>KENT WILLIAMS |  | Title SENIOR PETROLEUM ENGINEER |
| Signature <i>Kent Williams</i>                                                                     |  | Date 01/21/2015                 |

**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 _____                                                                                                                                                                                                                                              |             |            |

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)

*MSS/OCD 2/3/2015*

**FEB 04 2015**