BU SUNDRY N Do not use this	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT V NOTICES AND REPORTS ON WELLS this form for proposals to drill or to re-enter an well. Use Form 3160-3 (APD) for such proposals.			FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No. <u>NMNM0155254D</u> 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPL	ICATE - Other inst	tructions on revers	se side	7. If Unit or CA/Ag	greement, Name and/or No
1. Type of Well Gas Well Other Dry				8. Well Name and No. YATES FED. #1	
 Name Of Operator LEGACY RECLAMATION PRO. 	OBBS OCD	9. API Well No. 3004100005			
3a. Address N/A	3b. Phone No. (include area code) N/A DEC 0 1 2015		10. Field and Pool, or Exploratory Area ALLISON		
 Location of Well (<i>Footage</i>, Sec SÉC. 35, T. 08S., R. 36 E. 	ription)	RECEIVED	11. County or Parish, State ROOSEVELT, NM		
12. CHECK APP	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICI	E, REPORT, OR O	THER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				Health
 Notice of Intent Subsequent Report Final Abandonment Notice 13. Described Proposed or Complet thereof. If the proposal is to dee and zones. Attach the Bond un within 30 days following compleshall be filed once testing has be the operator has determined that BLM WILL INTERNAL RESTORATION HAS 	epen directionally or recompleted der which the work will be p etion of the involved operation en completed. Final Abandor the site is ready for final inspe- LY GENERATE A	ete horizontally, give subsurfa performed or provide the Bor ons. If the operation results in ment Notices shall be filed of ection.) (FAN) FOR APPRO	Reclamat Recompl Recompl Tempora Water Di Water Di sestimated starting ace locations and m n a multiple complex nly after all required VAL DUE TO	ete rily Abandon sposal date of any proposed easured and true vertica BLM/BIA. Required si tion or recompletion in ments, including reclam	al depths of all pertinent markers subsequent reports shall be filed in a new interval, a Form 3160-4 nation, have been completed, and OR. SURFACE
14. I hereby certify that the foregoi Name (Printed/Typed) Signature	MAYER MAYER	FOR FEDERAL OR S	Natural te 1/16/12 STATE OFFIC	EUSE	Spicealist (BLM
Conditions of approval, if any, are or certify that the applicant holds legs which would entitle the applicant to o	al or equitable title to those rig	notice does not warrant	sFistant Fiel ands And M Office		1123/15
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation	it a crime for any person know		to any department of	agency of the United S	States any false, fictitious or
Instructions on reverse)			pted for Rec	ord Only 2/2/2015	-