

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

Hobbs

HOBBS OGD

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

5. Lease Serial No.
NMNM40406

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

8. Well Name and No.
HAMON A FEDERAL COM 6H

9. API Well No.
30-025-43214

10. Field and Pool or Exploratory Area
TEAS; BONE SPRING, EAST

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

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
LEGACY RESERVES OPERATING LP
Contact: LAURA PINA
E-Mail: lpina@legacyp.com

3a. Address
303 W WALL ST STE 1800
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-689-5200 Ext: 5273

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 6 T20S R34E SWSE 579FSL 1956FEL

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"/> Hydraulic Fracturing	<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
	<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.

10/12/2017 Ran Gamma Ray/CCL log.

10/18/2017 to 10/26/2017 Perf Bone Spring fr/10,825'-15,375' MD w/690 shots. Treated well w/1,650 bbls 10% acid, 6,947,231# sand and 171,875 BW.

11/06/2017 Began flowback operations.

01/21/2018 to 01/22/2018 Drilled out plugs.

11/23/2017 Date of first production.

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

Electronic Submission #406150 verified by the BLM Well Information System For LEGACY RESERVES OPERATING LP, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 03/12/2018 ()

Name (Printed/Typed) LAURA PINA Title COMPLIANCE COORDINATOR

Signature (Electronic Submission) Date 02/28/2018

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 _____

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)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

KZ