

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**Carlsbad Field Office**

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

**OCD Hobbs**

**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.  
NMNM9016

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
INCA FEDERAL 08

9. API Well No.  
30-025-30323-00-S1

10. Field and Pool or Exploratory Area  
YOUNG-BONE SPRING, NORTH

11. County or Parish, State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other Instructions on page 2**

**HOBBS-OCD**  
**OCT 17 2019**  
**RECEIVED**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
LEGACY RESERVES OPERATING LPE-Mail: jsaenz@legacylp.com  
Contact: JOHN SAENZ

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 17 T18S R32E SENW 1980FNL 1943FWL

**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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" 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 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.

09/18-20/19 Laid down production equipment. Ran in hole with CIBP and set @ 3,690'. Dumped bailed cement. TOC @ 3,655'. ✓

09/24/19 Ran MIT, pressure casing to 600#. Notified BLM but could not witness. Witnessed by Gary Robinson-OCD, chart attached.

**TA Status Approved thru 9/12/2020**

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

**Electronic Submission #487183 verified by the BLM Well Information System  
For LEGACY RESERVES OPERATING LP, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 10/09/2019 (20PP0087SE)**

Name (Printed/Typed) JOHN SAENZ Title OPERATIONS ENGINEER

Signature (Electronic Submission) Date 10/09/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title **Accepted for Record** **OCT 09 2019**  
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 **Jonathon Shepard  
Carlsbad Field 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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED**

**FOR RECORD ONLY**

*XZ NMOC*



District I  
 1625 N French Dr., Hobbs, NM 88240  
 Phone: (575) 393-6151 Fax: (575) 393-0729

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>LEGACY RESERVES</b>	API Number <b>30-025-30323</b>
Property Name <b>INCA Fed.</b>	Well No. <b># 8</b>

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>F</b>	<b>17</b>	<b>18S</b>	<b>32E</b>	<b>1980</b>	<b>N</b>	<b>1943</b>	<b>W</b>	<b>LEA</b>

Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	<input checked="" type="checkbox"/> YES SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE <b>9-24-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>NONE</b>
<u>Flow Characteristics</u>					
Puff	Y / N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	WTR
Surges	Y / N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	GAS
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	
Water	Y / N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**T/A Initial**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <b>Gay Tolson</b>	

INSTRUCTIONS ON BACK OF THIS FORM