

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB No 1004-0137  
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.**

5 Lease Serial No  
NM-0766

6 If Indian, Allottee or Tribe Name

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

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

LEGACY RESERVES OPERATING LP

3a. Address

P.O. BOX 10848  
MIDLAND, TX 79702

3b. Phone No. (include area code)

(432)689-5200

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

8 Well Name and No  
SOUTH JUSTIS UNIT E#160

9 API Well No  
30-025-32084

10 Field and Pool or Exploratory Area  
JUSTIS-BLBRY-TUBB-DRINKARD

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
UNIT LETTER E - 1600' FNL & 100' FWL, SEC 13, T25S, R37E

11 Country or Parish, State  
LEA COUNTY, NM

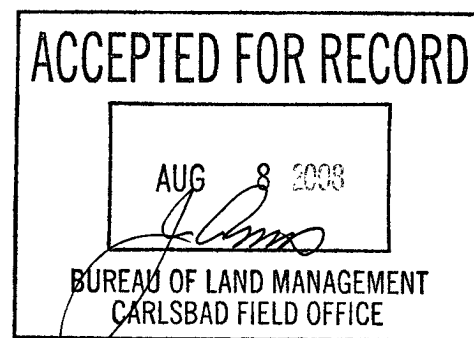
**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Return to Injection
	<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.)

Performed MITon 7/30/08, witnessed by NMOCD & return well to water injection 8/1/08

RECEIVED  
AUG 12 2008  
HOBBS OCD



14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)

BERRY JOHNSON

Title PRODUCTION SUPERINTENDENT

Signature

*Berry Johnson*

Date 08/05/2008

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

Approved by

*Chris Williams*

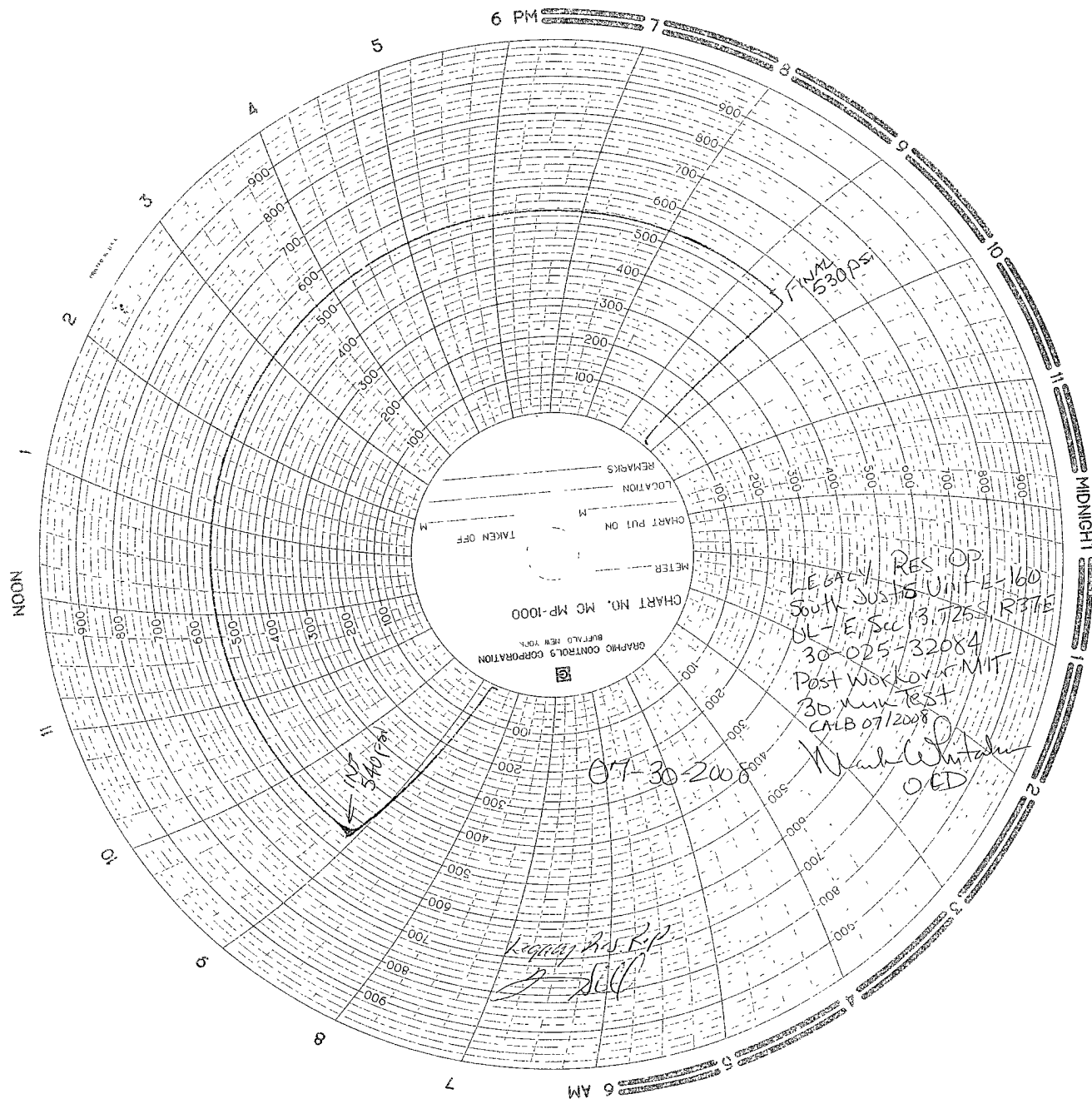
Title

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



LEGACY RES ID  
SOUTH JOSTE UNIT E-160  
UL-EI Sec 13.1255 RTE  
30-025-32084  
Post Workover MIT  
30 min test  
CALB 07/2008

07-30-2008

Legacy Res ID  
J. Suter

Mark W. Suter  
OED