

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
Budget Bureau 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.*

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

1. Type of Well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/>		5. Lease Serial No. NMLC-029418B
2. Name of Operator CAPSTONE NATURAL RESOURCES, LLC		6. If Indian, Allottee or Tribe Name
3a. Address 200 N. LORRAINE, SUITE 1225, MIDLAND, TX 79701	3b. Phone No. (include area code) 432-218-7924	7. If Unit or CA, Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		8. Well Name and No. Lea C SEE ATTACHED WELL NOS.
		9. API Well No. SEE ATTACHED
		10. Field and Pool, or Exploratory Area GRAYBURG JACKSON; SR-1-G-SA
		11. County or Parish, State EDDY, NM

**12. CHECK 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"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<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
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other Change Well Name

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 shall 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.)

Capstone Natural Resources, LLC requests permission to change the Well Name from "Lea C" to "Lea C Federal".

*Prop Code 310117 → Prop code 39579  
eff 2-1-13*

Accepted for record  
NMOCD *TS 8/19/2013*

**RECEIVED**  
MAR 19 2013  
NMOCD ARTESIA

**APPROVED**  
MAR 16 2013  
*J. Amos*  
JAMES A. AMOS  
SUPERVISOR-EPS

SUNDRY ALSO SUBMITTED TO OCD

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  
DEBBIE MCKELVEY Title AGENT 575-392-3575

Signature *Debbie McKelvey* Date: 2/26/13

**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 and false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Attachment to Sundry  
Change Well Name

OLD WELL NAME:	WELL NO.	API
Lea C	001	30-015-05129
Lea C	002	30-015-05130
Lea C	004	30-015-05132
Lea C	005	30-015-05133
Lea C	006	30-015-05134
Lea C	007	30-015-20627
Lea C	008	30-015-20641
Lea C	009	30-015-20648
Lea C	010	30-015-20678
Lea C	011	30-015-20679
Lea C	012	30-015-20697
Lea C	013	30-015-20704
Lea C	014	30-015-20705
Lea C	015	30-015-20706
Lea C	016	30-015-20707