· · ·		الالموقائي المحاف المراجع		
. <u>.</u> .	1 5/			
1.2	Form 3160-5	,	FORM APPROVED	
المبيحة	(August 2007) UNITED STA	TES	Budget Bureau No. 1004-0137	
	DEPARTMENT OF TH	ULU AILESIA	<sup>5</sup> Expires: July 31, 2010	
		1	5. Lease Serial No.	
	BUREAU OF LAND MA	ANAGEMENI	NMLC-029418B	
	SUNDRY NOTICES AND REP	DTS ON WELLS		
		1	6. If Indian, Allottee or Tribe Name	
	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		7. If Unit or CA, Agreement, Name and/or No.	
		1	7. If Onit of CA, Agreement, Name allow two.	
	1. Type of Well			
			8. Well Name and No.	
		1		
		1	Lea C SEE ATTACHED WELL NOS.	
	2. Name of Operator			
	CAPSTONE NATURAL RESOURCES, LLC	· · ·	9. API Well No.	
			SEE ATTACHED	
	3a. Address	3b. Phone No. (include area code)		
	200 N. LORRAINE, SUITE 1225, MIDLAND, TX 7		10. Field and Pool, or Exploratory Area	
	200 N. LORRAINE, SOTTE 1223, WIDEAND, TA 7	452-210 7521	GRAYBURG JACKSON; SR-1-G-SA	
	4. Location of Well (Footage, Sec., T., R., M., or Survey Desc	rintion)	UKATBUKU JACKSUN, SK-1-O-SA	
•	T. LOCATOR OF WOR (LOCAZE, SCC., L., K., WI., OF SUIVEY DES		11. County or Parish, State	
		- · · · · · · · · · · · · · · · · · · ·		
			EDDY, NM	
	12 CHECK APPROPRIATE ROX(es) TO	INDICATE NATURE OF NOTICE	REPORT, OR OTHER DATA	
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
	TYPE OF SUBMISSION TYPE OF ACTION			
	Acidize	Deepen Produ	Iction (Start/Resume) Water Shut-Off	
	X Alter Cooing		amation Well Integrity	
	Notice of Intent		mplete X Other Change	
	Change Plans	Plug and Abandon Tem	porarily Abandon Well Name	
	Subsequent Report Convert to Inject	tion Plug Back Wate	er Disposal	
	Final Abandonment Notice			
	13. Describe Proposed or Completed Operation: Clearly state all pertir		·	
	Capstone Natural Resources, LLC requests pe	mission to change the Well Name from	"Leg C" to "Lea C Federal". ede 310117 → Prop Code 39579	
		eff 2	-/-/3	
			· · · ·	
	Accord for report			
	Accepted for record	· · · · · · · · · · · · · · · · · · ·		
	NMOCD (6 10) RE	CEIVED	APPROVED	
	NMOCD (5 1013 RE	CEIVED AR 1 9 2013		
	NMOCD (5 10) RE		1 0 0012	
	NMOCD (5 10) RE	CEIVED AR 1 9 2013 CD ARTES:A	MAR 1 6 2013	
	NMOCD (5 10) RE		MAR 1 6 2013	
	NMOCD (5, 10) RE	CD ARTESIA	MAR 1 6 2013	
	NMOCD (5 10) RE	CD ARTESIA	MAR 1 6 2013	
	NMOCD (Show RE SUNDRY ALSO SUBMITTED TO OCD NMC	CD ARTESIA	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD (5, 10) RE	CD ARTESIA	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD (Show RE SUNDRY ALSO SUBMITTED TO OCD NMC 14. Thereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY	CD ARTESIA	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD (Show RE SUNDRY ALSO SUBMITTED TO OCD NMC	CD ARTESIA	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD 15, WW RE SUNDRY ALSO SUBMITTED TO OCD NMC 74. Thereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY Signature Debu MKylig	CD ARTES:A d/Typed) Title AGENT 575-392 Date: 2/26/13	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD 15, WW RE SUNDRY ALSO SUBMITTED TO OCD NMC 74. Thereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY Signature Debu MKylig	CD ARTESIA d/Typed) Title AGENT 575 392	MAR 16 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD 15, WW RE SUNDRY ALSO SUBMITTED TO OCD NMC 74. Thereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY Signature Debu MKylig	CD ARTES:A d/Typed) Title AGENT 575-392 Date: 2/26/13	MAR 16 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD 15, WW RE SUNDRY ALSO SUBMITTED TO OCD NMC 74. Thereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY Signature Debu MKylig	CD ARTES:A d/Typed) Title AGENT 575-392 Date: 2/26/13	MAR 16 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD (S, W) SUNDRY ALSO SUBMITTED TO OCD NMC 74. I hereby certify that the foregoing is true and correct Name (Printe DEBBIE MCKELVEY Signature NCKELVEY Signature Approved by	CD ARTES:A d/Typed) Title AGENT 575-392 Date: 2/26/13 FEDERAL OR STATE OFFICE USE Title	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
	NMOCD (Show Show RE SUNDRY ALSO SUBMITTED TO OCD NMC 14. I hereby certify that the foregoing is true and correct Name (Printed DEBBIE MCKELVEY Signature Signature Approved by Conditions of approval, if any, are attached. Approval of this notice does not warran	CD ARTES:A d/Typed) Title AGENT 575 392 Date: 2/26/13 FEDERAL OR STATE OFFICE USE Title t or certify that the applicant	MAR 1 6 2013 JAMES A. AMOS SUPERVISOR-EPS	
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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