			Oper	rator Copy	neve	CIVED DEC 3 1 2014	
Form 3160-5 (March 2012)	DEPA	UNITED STAT				ORM APPROVED DMB No. 1004-0137 pires. October 31, 2014	
	BURE	AU OF LAND MA	NAGEMENT		5. Lease Scriel No. SHL:NM-84902 BHL:NM-54432		
Do not u	se this fo	rm for proposals	PORTS ON WELLS to drill or to re-enter (APD) for such propos	an sals.	6. If Indian, Allottee o	r Tribe Name	
Contraction of the local division of the loc	SUBMIT	N TRIPLICATE - Oth	er instructions on page 2.	See Service	7. If Unit of CA/Agree	ment, Name and/or No.	
1. Type of Well Oil Well	Gas We	II Other	1	and the second	8. Well Name and No. North Lea 3 Fed Co		
2. Name of Operator Read and Stevens, Inc.					9. API Well No. 30-025-42080		
3a. Address			3b. Phone No. finclude area	t code)	10. Field and Pool or 1	ixploratory Area	
400 N. Pennsylvania Ave #1000 Roswell, NM 88201			575-622-3770	1.	Quail Ridge, Bone S		
4. Location of Well (Foota SHL: 200' FNL & 350' FEL of Sec BHL: 330' FSL & 350' FEL of Sec	Ige, Sec., T., R., Mon 3, T205, R3 Illion 3, T205, R3	M., or Survey Descripil E E	on)		11. County or Parish, Lea County, New M		
	12 CHECK	THE APPROPRIATE	BOX(ES) TO INDICATE NAT	URE OF NOT	ICE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISS	SION	and the second		TYPE OF AC	TION		
Notice of Intent		Acidize	Deepen	and the second se	oduction (Start/Resume)	Water Shut-Off	
		Alter Casing	Fracture Treat	and a second	clamation	Well Integrity	
Subsequent Report		Casing Repair	New Construction Plug and Abandon	-	complete mporarily Abandon	Other	
Final Abandonment N	Notice	Convert to Injectio	present and a second se	and the second second	ater Disposal		
Read & Stevens, Inc. pro	oposes to cha	ange the production ca			r to 5.5". Cement volur	nes will be adjusted accordingly.	
Currently the plan has 8. Proposing to have 8.5" h 7" 26#, P-110, GBCD(Se 14. Thereby certify that the l	set of the	17#, P-110, GBCD(S Thread) set at 10307 ATTACHED DITIONS OI	FOR APPROVAL	g from 15385	.9' to 7" crossover at 1	ROVED C 23 2014	
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Currently the plan has 8. Proposing to have 8.5° h 7° 26#, P-110, GBCD(Se 14. 1 hereby certify that the 1 Adolfo Cruz Signature	SEE CON	17#, P-110, GBCD(S Thread) set at 10307 ATTACHED DITIONS OI e and correct. Name (Pri THIS SPAC	FOR APPROVAL need/Typed) Title Drillin Date 11/1 E FOR FEDERAL OR	g from 15385 face. ng Engineer 2/2014	FFICE USE	Date Law Press	

North Lea 3 Fed Com #1H Cement Revisions

Date	No. Sz	Yield (cuft/sk)	Vol. (cuft)	Csg. O.D. (in)	Top (MD ft)	Bottom (MD ft)	Description	Comments
	712	1.76	1,246	13,375	0	1,450		120' Lead casing in conductor with no excess 126.7cuft 22.6bbls 1330' Lead casing in open hole with 100% excess 1120 cuft 200 bbls
	166	1.35	224	13.375	1,450	1,750	ang panangana sa sata ar sata sa sata sa sata sa	300° Tail casing in open hole with 100% excess 187.9cuft 33.5bbls 40° Tail in shoe track with no excess 34.7cuft 6.2bbls
	1,455	1.73	2,517	9,625	0	5,090		1750' Lead casing in casing with no excess 635 cuft 113 bbls 3340' Lead casing in open hole with 80% excess 1883 cuft 336 bbls
	224	1.34	300	9.625	5,090	5,690		500' Tail casing in open hole with 80% excess 281.9cuft 50.2bbls 40' Tail shoe track with no excess 17cuft 3bbls
and the state of the state	749	2.38	1,783	7,000	C	10,310		5590' Lead cement in casing with no excess 885 cut 158 bbis 4720' Lead coment in open hole with 50% excess 898 cut 160 bbis
	78	2.38	186	5.500	10,310	10,650		540° Lead cement in open hole with 50% excess 185 cuft 33.05 bbls
	760	1.64	1,246	5.500	10,850	15,385		4635 Tail Cement in open hole with 20% excess 1274 cuft 227 bbls 84 tail shoe track with no excess 7.3 cuft 1.3 bbls

Form 3160-5 (August 2007) Probaris SP - Print Form Instance

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.

12/31

Bold* fields are required.

Completed by Operator
2. Well Type* OIL
4. Action* Well Spud
Company Information
7. Phone Number* 575-622-3770
tive Contact Information
9. Title* ENGINEER
11. Phone Number* 972-876-2160
12. Mobile Number 972-876-2160
14. Fax Number
al Contact Information
me as Administrative Contact.
16. Title*
18. Phone Number*
19. Mobile Number
21. Fax Number
se and Agreement
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NMNM84651

Probaris SP - Print Form Instance

24. If Unit or CA/Agreement, Name and/or Number

25. Field and Pool, or Exploratory Area* QUAIL RIDGE, BONE SPRING

County and State for Well

26. County or Parish, State*

LEA COUNTY NM

Associated Well Information

27. Specify well using one of the following methods:

a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage b) Well Name, Well Number, API Number, Latitude, Longitude, Metes & Bounds description

Well Name*		Well Number*	API Number	
NORTH LEA 3 FED COM		#1H	30-025-42080	
Section	Township	Range	Meridian	
3	20S	34E	NEW MEXICO PRINCIPAL	
Qtr/Qtr	N/S Footage		E/W Footage	
NENE	200 FNL		350 FEL	
Latitude 32.609482	Longitude 103.548026	Metes and Bounds		

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SPUD DATE: 12/08/2014_



 I hereby certify that the foregoing is true and correct.

 29. Name*
 30. Title

 ADOLFO E CRUZ
 BNGINEER

 31. Date* (MM/DD/YYYY)
 32. Signature*

 12/31/2014 Today
 You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

 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.

Section 2 - System Receipt Confirmation						
33. Transaction	34. Date Sent	35. Processing Office				
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	Section 3 - Internal Review	
36. Review Category	37. Date Completed	38. Reviewer Name
39. Comments		

Section 4 - Internal Review #2 Status						
40. Review Category	41. Date Completed	42. Reviewer Name				
43. Comments						

Section 5 - Internal Review #3 Status							
44. Review Category	45. Date Completed	46. Reviewer Name					
47. Comments							

Section 6 - Internal Review #4 Status					
48. Review Category	49. Date Completed 50. Reviewer Name				
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12/31/2014 Form 3160-5 (August 2007)

12/31

Probaris SP - Print Form Instance UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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Bold* fields are required.

Section 1 - C	Completed by Operator	
1. BLM Office* Hobbs, NM	2. Well Type* OIL	
3. Submission Type* ○ Notice of Intent ③ Subsequent Report	4. Action* Other Sundry Notice	
Operating	Company Information	an a
5. Company Name* READ AND STEVENS, INC	nanden efter en de en	
6. Address* 400 N. PENNSYLVANIA AVE #1000	7. Phone Number* 575-622-3770	
ROSWELL NM 88201		
Administrat	ive Contact Information	
8. Contact Name* ADOLFO E CRUZ	9. Title* ENGINEER	
10. Address* 3401 E. UNIVERSITY DR.	11. Phone Number* 972-876-2160	
UNIT #302 DENTON TX 76208	12. Mobile Number 972-876-2160	
13. E-mail* adolfo.cruz@mojoenergy.com	14. Fax Number	
Technica	Contact Information	
Check here if Technical Contact is the same	ne as Administrative Contact.	
15. Contact Name*	16. Title*	and the second second second second
17. Address*	18. Phone Number*	an an ann an the stand and an
	19. Mobile Number	
20. E-mail*	21. Fax Number	a a description of a state state state
Leas	e and Agreement	
22. Lease Serial Number*		

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24. If Unit or CA/Agreement, Name and/or Number

25. Field and Pool, or Exploratory Area* **QUAIL RIDGE, BONE SPRING**

County and State for Well

26. County or Parish, State*

LEA COUNTY NM

Associated Well Information

27. Specify well using one of the following methods:

a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage b) Well Name, Well Number, API Number, Latitude, Longitude, Metes & Bounds description

Well Name*	3 FED COM	Well Number*	API Number
NORTH LEA :		#1H	30-025-42080
Section	Township	Range	Meridian
3	20S	34E	NEW MEXICO PRINCIPAL
Qtr/Qtr	N/S Footage		E/W Footage
NENE	200 FNL		350 FEL
Latitude 32.609482	Longitude 103.548026	Metes and Bounds	

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North Lea 3 Fed Com 1H Surface Casing subsequent sundry report.

12/11/2014-Drilled 16" hole to section TD at 1766ftMD, Ran 42 ints. 13 3/8" 54.5 #, J-55 casing to 1766ftMD.

12/12/2014- Cement surface, Lead 19Bbls, 70 SX Class C 14.40 wt, 1.55 Yield, Additives Class C+10% Gypsum'+5# Kol-seal, Middle 222Bbls, 712Sx Class C 13.50Wt, 1.75 Yield, Additives +4% Bentonite'+2% Cacl2+0.25#Cello-flake, Tail- 39Bbbls, 166Sx, Class C 14.80Wt, 1.33 Yield. Additives +1% Cacl2, Bumped plug @ 1400 psi, no cement to surface. Wait on cement for 7hrs than ran temp log which read TOC at 208ft. Rigged up cementers, run 1" tag, @ 125', Cement 100sx 23bbls, 14.80 wt yield 1.33 Class C Neat. Wait on cement for 4hrs. Re-run 1" tag, @ 32', Cement 2nd stage, 63 sxs, 15bbls, class C neat and got cement to surface.

SX

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29. Name*	30. Title
ADOLFO E CRUZ	ENGINEER
31. Date* (MM/DD/YYYY) 12/31/2014 Today	32. Signature* You have the ability to sign this form only if a SmartCard o digital certificate has been issued to you.

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.

Section 2 - System Receipt Confirmation					
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36. Review Category	37. Date Completed 38. Reviewer Name
39. Comments	

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47. Comments	

S	ection 6 - Internal Review #4 Status	norman an anna an
48. Review Category	49. Date Completed 50. Reviewer Name	
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12/31/2014 Form 3160-5 (August 2007)

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Probaris SP - Print Form Instance UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

12/31

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Bold* fields are required.

	Completed by Operator	- Carlos - C
1. BLM Office* Hobbs, NM	2. Well Type* OIL	
Submission Type* Notice of Intent Subsequent Report	4. Action* Plug-Back	
Operating	Company Information	
5. Company Name* READ AND STEVENS, INC		
6. Address* 400 N. PENNSYLVANIA AVE #1000	7. Phone Number* 575-622-3770	
ROSWELL NM 88201		
Administrat	ive Contact Information	
8. Contact Name* ADOLFO E CRUZ	9. Title* ENGINEER	ne na sen ne senne se ne senne de se d
10. Address* 3401 E. UNIVERSITY DR.	11. Phone Number* 972-876-2160	
UNIT #302 DENTON TX 76208	12. Mobile Number 972-876-2160	
13. E-mail* adolfo.cruz@mojoenergy.com	14. Fax Number	
Technica	Contact Information	
Check here if Technical Contact is the same	ne as Administrative Contact.	ana a la sua mana ana ito a sun anga aka maga
15. Contact Name*	16. Title*	an (bh a' sa shinan sa
17. Address*	18. Phone Number*	
	19. Mobile Number	and a construction of the anti-framework of the
20. E-mail*	21. Fax Number	
Leas	e and Agreement	
22. Lease Serial Number*		

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NMNM84651

24. If Unit or CA/Agreement, Name and/or Number

25. Field and Pool, or Exploratory Area* QUAIL RIDGE, BONE SPRING

County and State for Well

26. County or Parish, State*

LEA COUNTY NM

Associated Well Information

27. Specify well using one of the following methods:

a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage b) Well Name, Well Number, API Number, Latitude, Longitude, Metes & Bounds description

Well Name*	3 FED COM	Well Number*	API Number
NORTH LEA		#1H	30-025-42080
Section	Township	Range	Meridian
3	20S	34E	NEW MEXICO PRINCIPAL
Qtr/Qtr	N/S Footage		E/W Footage
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North Lea 3 Fed Com 1H Cement Plug Sundry

12/15/2014- Drilled to 2736ftMD and POOH to pump cement plug due to hole deviation.

12/16/2014-Cement 500' plug @ 2236', Pump 415 sx of Class C, 17#, Yield- 0.99, Additives +1.2%cd-37. 10.5hrs WOC. Tag Top of cement at 2295ftMD.

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I hereby certify that the foregoing is true and correct. 29. Name* 30. Title ADOLFO E CRUZ ENGINEER 31. Date* (MM/DD/YYYY) 32. Signature* 12/31/2014 Today You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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.

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	and the second	

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Form 3160-5 (August 2007)

#5/2015

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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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Bold* fields are required.

Section 1 - C	Completed by Operator	
1. BLM Office* Hobbs, NM	2. Well Type* OIL	
 3. Submission Type* O Notice of Intent O Subsequent Report 	4. Action* Other Sundry Notice	
Operating	Company Information	
5. Company Name* READ AND STEVENS, INC		
6. Address* 400 N. PENNSYLVANIA AVE #1000	7. Phone Number* 575-622-3770	
ROSWELL NM 88201		
and any amount of the statement of the stat	tive Contact Information	
8. Contact Name* ADOLFO E CRUZ	9. Title* ENGINEER	
10. Address* 3401 E. UNIVERSITY DR.	11. Phone Number* 972-876-2160	nation provide a fragmentary of a second
UNIT #302 DENTON TX 76208	12. Mobile Number 972-876-2160	
13. E-mail* adolfo.cruz@mojoenergy.com	14. Fax Number	
Technica	l Contact Information	
Check here if Technical Contact is the same	ne as Administrative Contact.	
15. Contact Name*	16. Title*	
17. Address*	18. Phone Number*	
	19. Mobile Number	engen sentes des sints and an and an and an an an
20. E-mail*	21. Fax Number	ne age server on server de la construction de la construction de
Leas	e and Agreement	
22. Lease Serial Number*		personal development dependent and an out

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NMNM84651

24. If Unit or CA/Agreement, Name and/or Number

25. Field and Pool, or Exploratory Area* QUAIL RIDGE, BONE SPRING

County and State for Well

26. County or Parish, State*

LEA COUNTY NM

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Qtr/Qtr	N/S Footage		E/W Footage
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12/21/2014- Drill 12.25" hole to 5607ftMD; Run 143jts 9 5/8" 40# L-80 LTC casing to 5607ftMD

12/22/2014- Pump 20bbls Spacer ahead. Pump 500bbls Lead Cement(12.6ppg/ 36/65 Poz/C+6% Bentonite+.3% fl-16+.2% r-20+.1% cd-35+ .25#cello-flake+5%salt)

Pump 67bbls Tail cement(14.8ppg/ Class C+.25#cello-flake).Displaced with 414 bbls fresh water. No cement to surface. BLM notified and requested cement bond log ran. 2268 Secka

Run cement bond log. TOC reported at 1760ft. Ran 770ft 1" pipe and pumped 200sx Class C cement. WOC

12/23/2014 - Attempted to Cement Down Backside, Pump Truck Pressured up to 1500. Wash out stack with Fresh Water PSI. R/U & Run Cement Bond Logs Down to 2200 Ft, Top Of Cement @ 200'.Management talked with BLM & approved moving forward with operations





I hereby certify that the foregoing is true and correct. 29. Name* 30. Title ENGINEER ADOLFO E CRUZ 31. Date* (MM/DD/YYYY) 32. Signature* 01/05/2015 Today You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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Form 3160-5 (August 2007)

1/26/15

1/26/2015

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DENTON TX 76208	12. Mobile Number 972-876-2160	
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Check here if Technical Contact is the same	e as Administrative Contact.	and the second difference of the second differ
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17. Address*	18. Phone Number*	na para na sina a
	19. Mobile Number	annan disensi sebagai di
20. E-mail*	21. Fax Number	

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1/26/2015

		Lease and	Agreemen	it
22. Lease Seri: NMNM84651	d Number*			
24. If Unit or CA/Agreement, Name and/or Number		25. Field and Pool, or Exploratory Area* QUAIL RIDGE, BONE SPRING		
		County and S	State for W	/ell
26. County or LEA COUNTY		en en anne en en fan in de server jan server fan server anne an en		
		Associated We	ell Informa	ation
a) Well Name, W	Il using one of the follo /ell Number, API Number /ell Number, API Number	r, Section, Towns	hip, Range	e, Qtr/Qtr, N/S Footage, E/W Footage s & Bounds description
Well Name* Well Num NORTH LEA 3 FED COM 1H		nber*	API Number 30-025-04208	
Section 3	Township 20S	Range 34E		Meridian NEW MEXICO PRINCIPAL
Qtr/Qtr NENE	N/S Footage 200 FNL			E/W Footage 350 FEL
Latitude 32.609482	Longitude 103.548026	Metes and Bounds		
Clearly state all put thereof. If the prop and true vertical d the Bond Number completion of the interval, a Form 3 after all requireme ready for final insp	posal is to deepen directi lepths of all markers and on file pertinent with BLM involved operations. If the 160-4 shall be filed once onts, including reclamation	estimated startin onally or recomp zones. Attach th M/BIA. Required ne operation resul testing has been n, have been cor	lete horizon le Bond und subsequent ts in a mult completed mpleted, an	any proposed work and approximate duration ntally, give subsurface locations and measured der which the work will be performed or provide t reports shall be filed within 30 days following tiple completion or recompletion in a new I. Final Abandonment Notices shall be filed only d the operator has determined that the site is

01/08/2015 Rigged up wireline tools and ran open hole logs

01/09/2015 Ran 7"/5.5" tapred Production casing to 1550ftMD; 103 jts 5.5" 17# P-110 GBCD, 237 jts 7" 26# P-110, GBCD; 38 NCS port sleeves ran from top of first sleeve at 11107.73ftMD to bottom of last sleeve at 15422.5ftMD.

01/10/2015 Pump Lead Cement- 1192 sx 50/50 Poz/H+10%bentonite+5%fl-16+.3%R-20+.1%cd-35+.25#celloflake=5%salt

Pumped Middle Cement-902 sks Class C star bond+.55%fl-16+.3%fl-15+.1%AS-3+.4%R-20+.25#celloflake

Pumped Tail Cement- 100 sks; Class Cstar bond+.55%fl-16+.5%fl-15+.5%as-3+.5%R-20+.3%TSM-1+.25#celloflake

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Drop plug @ 06:30, Displaced-10bbls sugar water followed by 503bbls freshwater. Plug not bumped. Notified BLM and directed to run Temp log. Log found TOC @ 1726ft.

First Take Point:10651ftMD/10632ft TVD; 330FNL/367FEL Section 3 T20S R34E

Last Take Point:15425ftMD/11007ft TVD; 330FSL/370FEL Section 3 T20S R34E

Spud Date: 12/08/2014

1/26/2015

Rig Release Date:01/11/2015

I hereby certify that the foregoing is true and correct.			
29. Name* ADOLFO E CRUZ	30. Title ENGINEER		
31. Date* (MM/DD/YYYY) 01/26/2015 Today	32. Signature* You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.		

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.

Section 2 - System Receipt Confirmation			
33. Transaction	34. Date Sent	35. Processing Office	
and the second design of the	and the second se		

Section 3 - Internal Review #1 Status			
36. Review Category	37. Date Completed	38. Reviewer Name	
39. Comments			-

Section 4 - Internal Review #2 Status			
40. Review Category	41. Date Completed	42. Reviewer Name	
43. Comments			

Section 5 - Internal Review #3 Status

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