(August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED

6. If Indian, Allottee or Tribe Name

Budget Bureau No. 1004-013/					
	Expires: July 31, 2010				
	5. Lease Serial No.				
	NMLC-029418B				

	REPORTS	

Do not use this form for proposals to drill or to re-enter an

abandoned well. Use Form 3160-3 (APD)) for such pr	oposals.	İ			
SUBMIT IN TRIPLICATE – Other instructions on page 2.					CA, Agreement, 1	Name and/or No.
1. Type of Well			ľ	·,,,,.,,,	•	•
Oil Gas .			}	8. Well Nar	ne and No	
			-	***************************************		ED WELL NOS.
2 11 60				Lea C Si	EE ATTACHE	D MELL MOS.
2. Name of Operator				9. API Wel	No	
CAPSTONE NATURAL RESOURCES, LLC	•		· }	SEE ATT		
3a Address	3b. Phone No	(include area	code)	·	ACILD	
200 N. LORRAINE, SUITE 1225, MIDLAND, TX 79701	432-218-79			10. Field an	d Pool, or Explora	tory Area
200 N. EORRAINE, 3011E 1223, MIDEAND, 1X 17/01 432-210 1724					RG JACKSON:	; SR-1-G-SA
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)	<u>·</u>					
			-].	11. County or Parish, State		
				EDDY, N	M·	
12. CHECK APPROPRIATE BOX(es) TO IND	ICATE NAT	URE OF N	OTICE,	REPORT	T, OR OTHER	R DATA
TYPE OF SUBMISSION TYPE	E OF ACTION					
Acidize	Deepen			tion (Start/Res	ume)	Water Shut-Off
X Notice of Intent Alter Casing	Fracture T New Cons	: -	Recon	nation		Well Integrity
Casing Repair Change Plans	Plug and A	: =		orarily Aband	lon X	Other Change - Well Name
Subsequent Report Convert to Injection	Plug Back	;		Disposal		Well Maine
Fig. 1 Albandan una Nicking						,
Final Abandonment Notice	· X . 4 4 2 4			•		,
to deepen directionally or recomplete horizontally, give subsurface location work will be performed or provide the Bond No. on file with BLM/BIA. If the operation results in a multiple completion or recompletion in a new in Filed only after all requirements, including reclamation, have been completed to the Capstone Natural Resources, LLC requests permissions.	Required subsequent nterval, a Form 3160 ted, and the operator	reports shall be f 0-4 must be filed has determined t	iled within 30 once testing I hat the site is	days followin has been compl ready for final	g completion of the in eted. Final Abandoni inspection.)	nvolved operations. ment Notices must be
Assented for record	,	•	egg a-	/- /·S	•	
Accepted for record		٠.	<u> </u>			
NMOCD JO LOS DECE	an 4 2 3 Janes France	1		APP	ROVED	
WIND TO THE CE	EIVED					7
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7\ \ MAR 1	. 9 2013		}	MAR	1 6 2013	
CUNIDDY AT CO CUDMITTED TO OCD					0	
NMOCD	ARTESIA		Ì	10	mo	⊣ ·
		or e		JAME	S A. AMOS	1
		••		SUPE	RVISOR-EPS	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)) .			/ .		
DEBBIE MCKELVEY	Title	· AGENT	575\392	3575		
	•				Marie Carlotte Carlot	1
Signature Olive M. Relig	Date:	2/26/13				
THIS SPACE FOR FED	ERAL OR STA	ATE OFFIC	E USE			77 2 000000
Annual of her		Title			Data	
Approved by		I ILIC			Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify holds legal or equitable title to those rights in the subject lease which would entitle the applican 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

Office

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