

## N.M. Oil Cons. DIV-Dist. 2

1301 W. Grand Avenue

Artesia, NM 88210

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No 1004-0137  
Expires: March 31, 2007RECEIVED  
(APD 2010)

AUG - 5 2010

## SUNDRY NOTICES AND REPORTS ON WELLS

NMOCD ARTESIA ~~Artesia~~ 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 reverse side.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Three Rivers Operating Company LLC

3a. Address

1122 S. Capital of TX Hwy., Suite 325 Austin, TX 78746

3b. Phone No. (include area code)

512-600-4328

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Multiple, see below

5. Lease Serial No.

NM NM 28306

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Coyote Draw Federal 1, 2

9. API Well No.

Multiple, see below

10. Field and Pool, or Exploratory Area

Pecos Slope

11. County or Parish, State

Chaves, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 <b>Change of Operator</b>
	<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	

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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Change of Operator from Chesapeake Operating Inc. to Three Rivers Operating Company LLC

BLM Bond #000672

Lease includes the following wells:

Coyote Draw Federal 1 API # 30-005-60858 Location: L-6-8S-25E NWSW 1650 FSL 660 FWL ✓  
 Coyote Draw Federal 2 API # 30-005-61347 Location: E-6-8S-25E SWNW 1980 FNL 660 FWL ✓

RECEIVED  
JUL 23 201014. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

James D. Keisling

Title V.P. Engineering

Signature

James D. Keisling

Date

06/28/2010

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

/S/ DAVID R. GLASS

Title PETROLEUM ENGINEER

Date

JUL 23 2010

Conditions of approval if any are attached. Approval of this notice does not warrant or

act lease

Office

ROSWELL FIELD OFFICE

Three Rivers Operating Company LLC Accepts  
 All Applicable Terms, Conditions, Stipulations,  
 And Restrictions Concerning Operations  
 Conducted On The Leased Land Or Portion  
 Thereof Under Their \$25,000.00 Statewide BLM  
 Bond Number NMB000672 Effective 06-01-2010.

I, any person knowingly and willfully to make to any department or agency of the United  
 States within its jurisdiction.

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COH