

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	43. Lease Designation and Serial No. NMLC029392B
2. Name of Operator MOMENTUM OPERATING CO., INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1008 WEST BROADWAY, HOBBS, NM 88240 505/393-2727	7. If Uak or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330 FNL 1650 FWL SEC 27, T18S, R31E	8. Well Name and No. HINKLE F FEDERAL #11
	9. API Well No. 30-015-25554
	10. Field and Pool, or Exploratory Area SHUGART Y-SR-OU-GB
	11. County or Parish, State EDDY CO., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other CHANGE OF OPERATOR	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

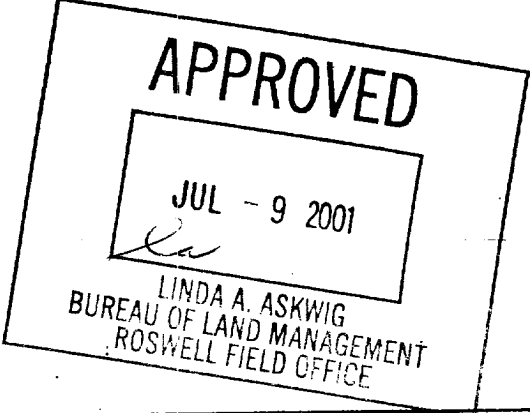
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

As required by 43 CFR 3100.5(A) and 43 CFR 3162.3, We are notifying you of change of operator on the above referenced well.
Momentum Operating Co., Inc. as new operator accepts all applicable terms conditions, stipulations and restrictions concerning operations conducted on this lease or portion of lease described.

Bond Coverage
BLM Bond File No. NM2886

Former Operator: Ready Oil and Gas Management

Change of Operator Effective: 12/01/00



14. I hereby certify that the foregoing is true and correct

Signed <u>[Signature]</u>	Title <u>Agent</u>	Date <u>07/05/01</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

RECEIVED

2001 JUL -6 AM 10:28

BUREAU OF LAND MGMT
FOUNTAIN OFFICE