

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. 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
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

RSE Partners - 1, L.P.

3. Address and Telephone No.

408 W. Wall Midland, TX 79701

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

660 FNL, 1980 FWL

Unit c,
Sec 15, T24S, R31E

5. Lease Designation and Serial No.

NMNM82027 56741

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LOTOS A FEDER 1

9. API Well No.

30-015-26174

10. Field and Pool, or Exploratory Area

SAND DUNES, DEL, WEST

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of Operator

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

Change of Operator effective 4/1/99.

The undersigned accepts all applicable terms, conditions, stipulation, and restrictions concerning operations conducted on the leased land or portion thereof, as described.

BLM Bond File No: NM2689

APPROVED

FEB 29 2000

[Signature]
AUTHORIZED OFFICER, MINERALS
BUREAU OF LAND MANAGEMENT

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

Signed *[Signature]* Title Rob Lemmons - Operations Manager

Date 02/17/2000

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

RECEIVED
2000 FEB 18 A 9 31