<sup>7</sup> Four 3160-5 (March 2012)	UNITED STAT DEPARTMENT OF THE BUREAU OF LAND MAI	INTERIOR	NMOCD Artesia		FORM APPROVED OMB No. 1004-0137 spires: October 31, 2014	
SUND Do not use t	RY NOTICES AND REP this form for proposals rell. Use Form 3160-3 (/	ORTS ON WELL to drill or to re-	.S enter an	NMNM36409     6. If Indian, Allottee o		
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agree	7. If Unit of CA/Agreement, Name and/or No.	
Oil Well 🔽 Gas Well 🗌 Other					8. Well Name and No. McClellan Moc Federal #11	
2. Name of Operator REMNANT OIL OPERATING, LLC				9. API Well No. 30-005-62443	9. API Well No. 30-005-62443	
3a, Address PO BOX 53 MIDLAND, 7	3b. Phone No. (inch. 432-242-4965			10. Field and Pool or Exploratory Area Pecos Stope; ABO (Gas)		
4. Location of Well (Footage, S 660' FNL & 1980' FEL. Unit Letter f	n)	11. County or Parish, State Chaves Co., NM				
12.	CHECK THE APPROPRIATE B	OX(ES) TO INDICAT	E NATURE OF NOT	ICE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION '					
Notice of Intent	Acidize	Deepen Fracture Tro New Constr	at 🗌 Re	eduction (Start/Resume) clamation complete	Water Shut-Off Well Integrity	
Subsequent Report	Change Plans	Plug and Al	oandon 🔲 Te	mporarily Abandon nter Disposal	OPERATOR	
The undersigned accepts a as described above. Remnant Oil Operating, LL	cy Reserves Operating LP trans all applicable terms, conditions, C bond coverage pursuant to 4 EE ATTACHED F ONDITIONS OF	stipulations and rest 3 CFR 3104 for lease f COR	rictions concerning e activities is provid NM O	operations on the lease		
			•	AUG <b>1 6 2016</b>		
14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed) Everett W. Gray Title Chief Executive Officer						
Signature 2.w. E	)ezu.		05/17/2016			
	THIS SPACE	FOR FEDERAL	OR STATE OF	FICE USE		
fictitious or fraudulent statements of	table title to those rights in the subje	s not warrant or certify ct lease which would a crime for any person k	Title Office nowingly and willfully	BUR AU OF	ate LAND HALLG MENT Gagency of the United States any alge,	
(Instructions on page 2)		· ·			. V	

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## BUREAU OF LAND MANAGEMENT Roswell Field Office 2909 West Second Street Roswell, New Mexico 88201 575-627-0272

## Change of Operator of Wells on Federal Lands Conditions of Approval

1. Tank battery must be bermed/diked (must be able to contain 1-1/2 times the volume of the largest tank).

2. Submit for approval of water disposal method.

3. Submit updated facility diagrams as per Onshore Order #3

4. This agency shall be notified of any spill or discharge as required by NTL-3A.

5. All outstanding environmental issue must be addressed within 90 days. Contact Bob Hoskinson at (575) 627-0218 for inspection and to resolve environmental issues.

6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.

7. Subject to like approval by NMOCD.

8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.

9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.

10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.

11. If not in place acquire operating rights on this lease within 30 days with the New Mexico State BLM office in Santa Fe, NM.