

N.M. Oil Cons. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

Form 3160-5  
(April 2004)

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AUG - 5 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**

**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No 1004-0137  
Expires: March 31, 2007

**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)  
**F-1-10S-25E SENW 2086 FNL & 2086 FWL**

5 Lease Serial No

**NMNM12687**

6 If Indian, Allottee or Tribe Name

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

**NMNM 072244**

8. Well Name and No

**J J Federal 3**

9. API Well No.

**30-005-63168**

10 Field and Pool, or Exploratory Area

**S 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**

**The owners of this CA/Agreement have been notified of Change of Operator.**

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JUL 23 2010 11:53  
BUREAU OF LAND MANAGEMENT  
DEPT. OF THE INTERIOR

14. 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

**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.**

Office

**ROSWELL FIELD OFFICE**

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

*DD*

*CAH*