

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

1301 W. Grand Avenue

Artesia, NM 88210

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

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Form 3160-3  
(April 2004)

AUG - 5 2010

NMOCD ARTESIA

## SUNDY 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.

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.

NMNM 16069

## 6. If Indian, Allottee or Tribe Name

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

## 8. Well Name and No.

Coyote Federal 1,2,4Y,5

## 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 Federal 1	API #: 30-005-60978	Location: P-01-08S-24E NWSW 660 FSL 660 FEL
Coyote Federal 2	API #: 30-005-61100	Location: B-12-08S-24E SWNW 660 FNL 1980 FEL
Coyote Federal 4Y	API #: 30-005-61880	Location: L-7-8S-25E NWSW 2310 FSL 660 FWL
Coyote Federal 5	API #: 30-005-63580	Location: J-01-08S-24E NWSE 1850 FSL 1980 FEL

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2010 JUN 30 AM 9:37  
BUREAU OF LAND MANAGEMENT  
ROSWELL OFFICE

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

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.

Object lease

Office

ROSWELL FIELD OFFICE

for any person knowingly and willfully to make to any department or agency of the United States any false statement or to withhold any material information.

D.R.

COH