Form 3'i 60-5 (August 2007)

(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

HOBBS OCD

FORM APPROVED OCD Hobbs OMB No 1004-0137

Expires July 31, 2010

SEP 2 2 2011 5 Lease Serial No NMNM 56749

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an enter-

6. If Indian, Allottee or Tribe Name

abandoned well.	Use Form 3160-3 (A	APD) for su	ch propòs	CEIVED als.		•	
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit of CA/Ag	reement, Name and/or No.	
I Type of Well					-		
✓ Oil Well Gas Well Dother					8. Well Name and No. TEXACO FEDERAL NO. 003		
2. Name of Operator THREE RIVERS OPERATING COMPANY, LLC					9. API Well No. 30-025-31398		
			Phone No. (include area code)		10. Field and Pool or Exploratory Area		
AUSTIN, TX 78746 512-600					elaware -		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)					11 Country or Parish, State LEA, NM		
N-14-19S-33E 660' FSL & 1980' FWL					LEA, NIVI		
12. CHEC	CK THE APPROPRIATE B	OX(ES) TO IND	DICATE NATU	RE OF NOTIO	CE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF A				CTION		
Notice of Intent	Acidize Alter Casing	Deep		=	luction (Start/Resume) amation	Water Shut-Off Well Integrity	
	☐ Alter Casing ☐ Fracture Treat ☐ Casing Repair ☐ New Construction ☐			=	Recomplete Other CHANGE OF		
✓ Subsequent Report		☐ Change Plans ☐ Plug and Abandon ☐		_	emporarily Abandon OPERATOR		
Final Abandonment Notice	Convert to Injection	Plug		_	er Disposal		
testing has been completed. Final determined that the site is ready for CHANGE OF OPERATOR FROM CTHE Undersigned accepts all applicate pursuant to NTL 89-1, as described. Bond Coverage: BLM Bond # NMB Surety Bond # RL Bond Amount: \$2 Bond Type: State. Effective Date: April 26, 2010 SEE ATTACHEI CONDITIONS O	Abandonment Notices must of final inspection.) CHESAPEAKE OPERATII able terms, conditions, stip below: 8000672 4 ~ A 8 0 0 0 7 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0	be filed only aft	er all requireme	nts, including	APP SEF /s/ JD BUREAU OF		
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)				CNT			
MIKE WICHTERICH			Title PRESIDENT				
Signature MM Date			Date 08/30/2	Date 08/30/2011			
	THIS SPACE	FOR FEDE	RAL OR ST	TATE OFF	ICE USE		
Approved by							
			Title			Date	
Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations.	s not warrant or co	certify ould Office					
Title 18 U.S.C. Section 1001 and Title 43	USC Section 1212, make it a	crime for any pe	rson knowingly	and willfully to	make to any departme	ent or agency of the United States any false,	
fictitious or fraudulent statements or repre-	seniations as to any matter wit	nin its jurisdiction	l				

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Conditions of Approval

Three Rivers Operating Company, LLC

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. All above ground structures and equipment on the lease shall be painted Shale Green (5Y 4/2). This is to be done within 90 days, if you have not already done so.
- 3. Submit for approval of water disposal method.
- 4. Submit updated facility diagrams as per Onshore Order #3
- 5. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 6. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 7. 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.
- 8. Subject to like approval by NMOCD.