

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

RECEIVED

SEP - 5 2008

HOBBS OCL

FORM APPROVED
Budget Bureau No 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No
NMNLC032579E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

12. Well Name and No

Carlson B 26 #2

13. API Well No.

30-025-11800

14. Field and Pool, or Exploratory Area
Langlie Mattix; 7 Rvrs-Q-GB

15. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE

4. Type of Well
Oil Gas
☒ Well Well Other

2. Name of Operator
FULFER OIL & CATTLE CO. LLC

5. Address
P.O. BOX 1224, JAL, NM 88252

Telephone No
505-395-9970

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

990' FSL & 990' FEL, Unit P, Sec. 26, T25S, R37E

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

TYPE OF SUBMISSION

TYPE OF ACTION

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

- ☐ 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)

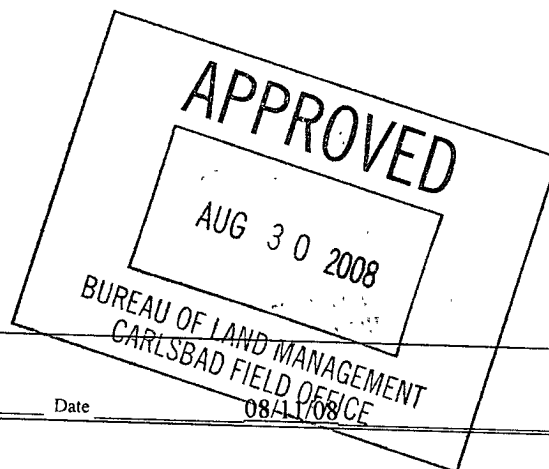
15. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change of operator on the above Referenced lease.

We, as new operator, accept all applicable terms, conditions, stipulations and restrictions concerning operations Conducted on the lease or portion of lease described.

BLM Bond File No.: RLB0001468

The effective date of this change is August 1, 2008.



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

Signed Debra McKelvey Title Agent

(This space for Federal or State office use)

Approved by [Signature]
Conditions of approval, if any

Title

Date