

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED Budget Bureau No. 1004-0135 Expires. March 31, 1993	
5. Lease Designation and Serial No NMLC 032579A	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation	
12. Well Name and No.	Harrison #3
13. API Well No	30-025-11699
14. Field and Pool, or Exploratory Area	Jalmat
15. County or Parish, State	Lea County, NM

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

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SUBMIT IN TRIPLICATE	
4. Type of Well Oil Gas <input checked="" type="checkbox"/> 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) 1650' FSL & 1650' FEL, Sec. 22, T25S, R37E	

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>CHANGE OF OPERATOR</u>	<input type="checkbox"/> 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 Debbie McKelvey Title Agent

(This space for Federal or State office use)

Approved by [Signature] Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

APPROVED  
AUG 30 2008  
BUREAU OF LAND MANAGEMENT  
DaCARLSBAD FIELD OFFICE