Form 3160-5	TOTAL STANDS	
	OCD-HOSDS	THE ANDE
(June 1990) UNITED	STATES	Budget Bureau No. 1004-0135
DEPARTMENT	OF THE INTERIOR	Expires: March 31, 1993
OCI 1 4 2000 BUREAU OF LA	ND MANAGEMENT	5. Lease Designation and Serial No.
Donot work of the EstaNi	REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
be not use this form for proposals to di	rill or to deepen or rooms.	o. If findian, Allottee or Tribe Name
to a different reservoir. Use 'APPLICA' for such proposals	ATION FOR PERMIT"	, , , , , , , , , , , , , , , , , , ,
for such proposals		
SUBMIT IN TRIPLICAT	TE	7. If Unit or CA, Agreement Designation
1 Towns of Wall	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	8910115870
1. Type of Well  Oil Gas		
Well X Other		0
		8. Well Name and No.
2. Name of Operator		Langlie Jal Unit - See attached for Well No.s
Ranger 40 Petroleum LLC	manufactura de la compacta de la com	0 47/11/11
2		9. API Well No. See attached
2. Address	Telephone No.	See attached
200 N. Loraine St. Suite 330, Midland, TX	79701 239-254-0004	10. Field and Pool, or Exploratory Area
3. Location of Well (Footage Sec. T. P. M. or Sur		Langlie Mattix; 7Rvrs-Q-Grayburg
3. Location of Well (Footage, Sec., T.,R.,M., or Sur See Attached	vey Description)	See Amount, Ments Q-Grayburg
		11. County or Parish, State
		Lea, NM
12. CHECK APPROPRIATE BOX(s) TO	) INDICATE NATURE OF NOTICE	
TYPE OF SUBMISSION	S INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
THE OF BODIMISMON	TYPE OF AC	TION
Notice of Intent	Abandonment	
N I	Recompletion	Change of Plans New Construction
X Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing
Final Abandonment Notice	Altering Casing	Water Shut-Off Conversion to Injection
	X Other Change of Operator	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form )
13. Describe Proposed or Completed Operations (Clearly state	a all partinant details and	
13. 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.)*		
Change of Operator Effective 6/1/08		
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 well.		
referenced well.	your state 102.5, we are nothying yo	of of a change of operator on the above
We, as new operator, accept all applic	cable terms, conditions, stipulations and	restrictions concerning appretiant
conducted on the lease or portion of le	ease described.	concerning operations
DIMB IN AN		/ DDD
BLM Bond File No. NMB000551		TIPKING TO
		I I VED I
		SEP 1 3 2000
	1	]   3008
14. I hereby certify that the foregoing is true and correct		BUREAU
simul DID: Make	Dallianova	CARLOD LAND MANA
(This space for Federal or State office use)	Debbie McKelvey, Agent Date 9/3.	BUREAU OF LAND MANAGEMENT  CARLSBAD FIELD OFFICE
Approved by		CARLSBAD FIELD OFFICE
Conditions of approval, if any:	Г	Date