Form 3160-5	OCD-HOBBS	nere i il
(June 1990) UNITED STATES DEPARTMENT OF THE INTERIOR		Budget Bureau No. 1004-0135 Expires: March 31, 1993
Do not upped to the stand management of the stand reports		5. Lease Designation and Serial No.
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		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7 1011
1. Type of Well		7. If Unit or CA, Agreement Designation 8910115870
X Well Well X Other 2. Name of Operator		8. Well Name and No. Langlie Jal Unit - See attached for Well No.s
Ranger 40 Petroleum LLC		9. API Well No.
2. Address 200 N. Loraine St. Suite 330, Midland, TX 79701	Telephone No. 239-254-0004	See attached
3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) See Attached		10. Field and Pool, or Exploratory Area Langlie Mattix; 7Rvrs-Q-Grayburg
		11. County or Parish, State Lea, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATI TYPE OF SUBMISSION	E NATURE OF NOTICE, RE	PORT, OR OTHER DATA
TYPE OF ACTION TYPE OF ACTION		DN
	etion Back epair Casing 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)
13. Describe Proposed or Completed Operations (Clearly state all pertinent details If well is directionally drilled, give subsurface locations and measured and tru Change of Operator Effective 6/1/08	s, and give pertinent dates, including estimated e vertical depths for all markers and zones perti	date of starting any proposed work. inent to this work.)*
As required by 43 CFR 3100.0-5(a) and 43 CFR 3 referenced well.	162.3, we are notifying you o	f a change of operator on the above
We, as new operator, accept all applicable terms, of conducted on the lease or portion of lease describe	conditions, stipulations and read	strictions concerning operations
BLM Bond File No. NMB000551		SEP 1 3 2008
14. I hereby certify that the foregoing is true and correct Signed Delefrie McKelin Title Debbie McK		BUREAU OF LAND MANAGEMENT
(This space for Federal or State office use)		CARLSBAD FIELD OFFICE
Conditions of approval, if any:	Date _	