

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
8910115870

8. Well Name and No.  
Langlie Jal Unit - See attached for Well No.s

9. API Well No.  
See attached

10. Field and Pool, or Exploratory Area  
Langlie Mattix; 7Rvrs-Q-Grayburg

11. County or Parish, State  
Lea, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Ranger 40 Petroleum LLC

2. Address

200 N. Loraine St. Suite 330, Midland, TX 79701

Telephone No.

239-254-0004

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

See Attached

**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.)

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.

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. NMB000551

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

Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 9/3/08  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

