Form 3160-5	OCD-FORBS	
(June 1990) UNITED STATES DEPARTMENT OF THE I BUREAU OF LAND MAN 2008	NTERIOR AGEMENT	Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.  6. If Indian, Allottee or Tribe Name
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		
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation 8910115870
1. Type of Well  Oil  Well  Well  Other  2. Name of Operator		Well Name and No.  Langlie Jal Unit - See attached for Well No.s
Ranger 40 Petroleum LLC  2. Address	Telephone No.	9. API Well No. See attached
<ol> <li>Location of Well (Footage, Sec., T.,R.,M., or Survey Description See Attached</li> </ol>	239-254-0004 on)	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 INDICATIVE OF SUBMISSION	TE NATURE OF NOTICE, RE	EPORT, OR OTHER DATA
X Subsequent Report Reco Plugg Casin Alteri X Othe	idonment mpletion ging Back ig Repair ing Casing or 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)
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent de If well is directionally drilled, give subsurface locations and measured and Change of Operator Effective 6/1/08</li> </ol>	etails, and give pertinent dates, including estimate d true vertical depths for all markers and zones pe	d date of starting any proposed work. rtinent to this work.)*
As required by 43 CFR 3100.0-5(a) and 43 CF referenced well.	R 3162.3, we are notifying you	of a change of operator on the above
We, as new operator, accept all applicable term conducted on the lease or portion of lease descri	s, conditions, stipulations and relibed.	estrictions concerning operations
BLM Bond File No. NMB000551		SEP 1 3 2008
14. I hereby certify that the foregoing is true and correct  Signed Deblie D Keley Title Debbie M  (This space for Federal or State office use)	AcKelvey, Agent Date 9/3/01	BUREAU OF LAND MANAGEMENT  CARLSBAD FIELD OFFICE
Approved by Title Conditions of approval, if any:	Date	