Form 3160-5		OCD-HOEB	33		
(June 1990) UNITED STATES				LA BORM APPROVED	
DEPARTMENT OF THE INTERIOR				Budget Bureau No 1004-0135 Expires: March 31, 1993	
OCT 1 1 BUREAU OF LAND MANAGEMENT				5. Lease Designation and Serial No.	
Do not use this form the post of the post				6. If Indian, Allottee or Tribe Name	
20 not use uns joint tot proposals to drill or to deepen or rooms.				O. II molan, Allottee or Tribe Name	
to a different reservoir. Use 'APPLICATION FOR PERMIT"				35 G	
Tot such proposals					
CUDMIT IN TRUDI IC (TIP					
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation	
1. Type of Well				8910115870	
X Well Well X Other					
Well Well X Other				8. Well Name and No.	
2. Name of Operator				Langlie Jal Unit - See attached for Well No.s	
Ranger 40 Petroleum LLC					
				9. API Well No.	
2. Address		Telephone No.		See attached	
200 N. Loraine St. Suite 330, Midland, TX	79701	239-254-0004		10	
3. Location of Well (Footage Sec. T. P. M. or Symus Davids)				10. Field and Pool, or Exploratory Area Langlie Mattix; 7Rvrs-Q-Grayburg	
3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) See Attached				Sile Mattix, 7RVIS-Q-Grayburg	
. See Attached			11. County or Parish, State		
				the manufacture task I task at another as it is	
				Lea, NM	
12. CHECK APPROPRIATE BOX(s) T	O INDICATE	E NATURE OF NOTION	CE DED	ODT OD OTHER SHE	
TYPE OF SUBMISSION		TVDE OF	ACTIO	OK1, OR OTHER DATA	
	TYPE OF ACTION				
Notice of Intent	Abandonment			Change of Plans	
X Subsequent Report	Recompletion Plugging Back			New Construction	
	Casing Repair			Non-Routine Fracturing Water Shut-Off	
Final Abandonment Notice	Altering Casing X Other Change of Operator			Conversion to Injection	
				Note: Report results of multiple completion on Well	
13. Describe Proposed or Completed Operations (Claub,		•	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.					
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					
				/	
				SEP 1 2 .	
			- /	/ 3 2008 / /	
14. I hereby certify that the foregoing is true and correct					
simul DID: York 1		•		CADI OF LAND MAN	
Signed Signed Title (This space for Federal or State office use)	Debbie McK	elvey, Agent Date	9/3/08	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
Approved by				OFFICE THE	
Approved by Ti Conditions of approval, if any:	ile		Date		