

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS  
OCD-HOBBS

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 Telephone No.  
200 N. Loraine St. Suite 330, Midland, TX 79701 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
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Change of Operator
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.

