

RECEIVED
NOV 10 2008
HOBBS (11)

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Artec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-38550
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Federal 1-17
8. Well Number 3
9. OGRID Number 227588
10. Pool name or Wildcat Blinebry, Tubb, Drinkard, Wantz; Abo

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Range Operating New Mexico, Inc.

3. Address of Operator
100 Throckmorton St., Ste 1200, Fort Worth, TX 76102

4. Well Location
Unit Letter K : 1650 feet from the South line and 2310 feet from the West line
Section 17 Township 22S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Final soil analysis and C-144 attached.

Spud Date: 7/24/2008 Rig Release Date: 8/15/2008

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Paula Hale TITLE Sr. Reg. Sp. DATE 10-30-08

Type or print name Paula Hale E-mail address: phale@rangeresources.com PHONE: 817-869-4216

For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE NOV 12 2008

Conditions of Approval (if any):

Summary Report

Chris Garcia
Range Operating-Eunice

Report Date: September 25, 2008

P. O. Box 1570
Eunice, NM, 88231

Work Order: 8092310

Project Location: Pre-Drilling
Project Name: Federal 17 #3

Sample	Description	Matrix	Date Taken	Time Taken	Date Received
174360	Well Head	soil	2008-09-18	10:45	2008-09-23
174361	North	soil	2008-09-18	10:55	2008-09-23
174362	South	soil	2008-09-18	11:05	2008-09-23

Sample - Field Code	TPH DRO	TPH GRO
	DRO (mg/Kg)	GRO (mg/Kg)
174360 - Well Head	<50.0	<1.00
174361 - North	<50.0	<1.00
174362 - South	<50.0	<1.00

Sample: 174360 - Well Head

Param	Flag	Result	Units	RL
Chloride		62.0	mg/Kg	3.25

Sample: 174361 - North

Param	Flag	Result	Units	RL
Chloride		54.3	mg/Kg	3.25

Sample: 174362 - South

Param	Flag	Result	Units	RL
Chloride		87.2	mg/Kg	3.25

Form 3160-3
(April 2007)

RECEIVED
NOV 10 2008
HOBBS, NM

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1 Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2 Name of Operator **Range Operating New Mexico, Inc.**

3a. Address
100 Throckmorton St., Ste. 1200, Fort Worth, TX 76102

3b. Phone No. (include area code)
817-869-4216

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FSL & 2310' FWL, Unit K, Sec. 17, 22S, 37E

5. Lease Serial No
NM 89872

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Federal 1-17 #3

9. API Well No.
30-025-38550

10. Field and Pool, or Exploratory Area
Blinbry, Tubb, Drinkard, Wantz; Abo

11. County or Parish, State
Lea

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Soil Analysis</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

- 13 Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

All waste material has been disposed of by Sundance Disposal, Permit # NM-01-0003. Attached is a final soil analysis after waste removal along with a copy of the OCD required form C-144.

14 I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Paula Hale

Title **Sr. Reg. Sp.**

Signature

Date

10/30/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)