

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPROVED  
DATE: 11/19/08  
Expires March 31, 2009

OCD-HOBBS

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. Report Well  
☐ ORTHO ☐ C. F. W. ☐ C. B.

2. Name of Operator  
TRITEX RESOURCES, LLC

3a. Address  
P.O. BOX 450 RENO OH 45773

3b. Phone No. (include area code)  
760-374-2940

4. Location of Well (easting, northing, R, R, or Survey description)

5. Well Name and No.

6. Name of U.S. Agreement Name and/or No.

7. Well Name and No.

8. Well Name

9. Field and P-1 or Exploratory Area

10. County or Township State

11. LLA, NM

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intention  
☐ Subsequent Report  
☐ Lease Change/Management Notice

- ☐ Acidize  
☐ Alter Casing  
☐ Drilling Report  
☐ Gravel Pits  
☐ Cover to Injection

- ☐ Deepen  
☐ Fracture Treat  
☐ New Construction  
☐ Plug and Abandon  
☐ Plug Back

TYPE OF ACTION

- ☐ Drilling or Completion  
☐ Fracturing  
☐ Re-worked  
☐ Temporarily Abandon  
☐ Water Control

- ☐ Water Shut-Off  
☐ Well Integrity

☒ CHANGE OF OPERATOR

13. Describe Proposed Change of Operator. Include all pertinent details including but not limited to: well's name, location, ownership, lease, and any other pertinent information. Include a description of the proposed change of operator, including the name of the new operator, the date of the change, and the reason for the change. If the change is a result of a lease expiration, include the lease number and expiration date. If the change is a result of a lease assignment, include the assignment number and date. If the change is a result of a lease termination, include the termination number and date. If the change is a result of a lease expiration, include the lease number and expiration date. If the change is a result of a lease assignment, include the assignment number and date. If the change is a result of a lease termination, include the termination number and date.

ATTACHED LIST OF LEASE COUNTY WELLS CHANGE OF OPERATOR FROM:

MINNEAPOLIS MANAGEMENT CORPORATION  
P.O. BOX 1172  
HOBBS, NM 88240

EFFECTIVE DATE:

11/01/2008

Boid NMB 000558

RECEIVED

MAR 19 2009

HOBBSOCD

14. I hereby certify that the foregoing is true and correct.  
Name (Print and Sign)

RANDALL HARRIS

CPL GEOLOGIST

Signature

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

PETROLEUM ENGINEER

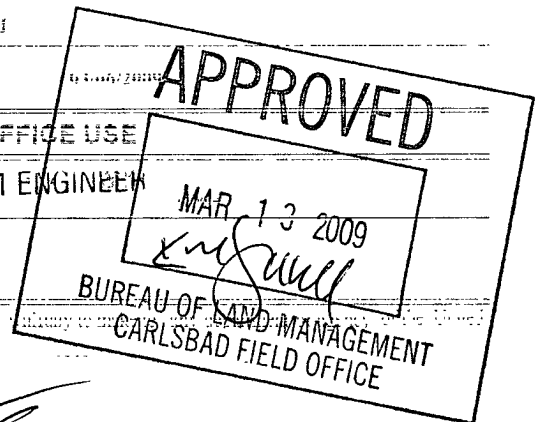
Approved

Conditions of approval are attached. Approval of this notice does not warrant or certify that the proposed work report or condition is in the public interest. Approval will be made by the appropriate authority on the basis of the information provided.

Other

This is to certify that the person named above is a duly qualified person to perform the duties of the position named above and is a resident of the State of New Mexico.

Instructions on page 2



K-20