DEPARTMENT OF			FORM APPROVED Budget Bureau No 1004-0135 Expires: March 31, 1993 5 Lease Designation and Serial No NMNM 93034
SUNDRY NOTICES AND REPORTS ON WELLS 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			6 If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE			7 If Unit or CA, Agreement Designation
1 Type of Well , Oil Gas			
X Well Other 2 Name of Operator ////////////////////////////////////			8 Well Name and No
FULFER OIL & CATTLE CO. LLC			Carlson B 27 #2 ' 9. API Well No
2 Address		Telephone No.	30-025-11809
P.O. BOX 1224, JAL, NM 88252 3 Location of Well (Footage, Sec, T, R., M, or Survey Description)		505-395-9970	10 Field and Pool, or Exploratory Area Langlie Mattix;7 Rvrs-Q-GB
2310' FSL & 330' FEL (NESE), Unit I, Sec. 27, T25S, R37E			11 County or Parish, State
CNL	27, 1233, R3		Lea County, NM /
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT,			
TYPE OF SUBMISSION TYPE OF ACTION			
Notice of Intent X Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other <u>CHANGE OF OPERATOR</u>		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)
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)* 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 lease. 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.: RLB0001468 RECEIVED			
The effective date of this change is M	lay 1, 2009.	JUN 2 4 2009 HOBBSOCD	APPROVED JUN 2 2 2009
14. I hereby certify that the foregoing is true and correct			
Signed			
Conditions of compared of four Date Date			
Constitutions of approval, if any	Kz	JUN	2 9 2009

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