

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**N.M. Oil Cons. Division**  
**1625 N. French Dr.**  
**Hobbs, NM 88240**

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NMNMD140978</b>
2. Name of Operator <b>HERMAN L. LOEB</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>P.O. BOX 524</b> <b>LAWRENCEVILLE, IL 62439</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>2310 FSL 2310 FEL</b> <b>Sec 17 T-25-S, R-37-E</b> J	8. Well Name and No. <b>Langlie -A- Federal #1</b>
	9. API Well No. <b>30025116310000</b>
	10. Field and Pool, or Exploratory Area <b>Jalmat 79240</b>
	11. County or Parish, State <b>Lea Co., N.M.</b>

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 <u>Change of Operator</u>
	<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.)\*

As required by 43 CFR 3100.5(A) and 43 CFR 3162.3, We are notifying you of change of operator on the above referenced well.

**HERMAN L. LOEB** as new operator accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on this lease or portion of lease described.

Bond Coverage  
BLM Bond File No. **BLM BOND No. 2839**

Former Operator: SDX Resources, Inc.

Change of Operator Effective: **NOVEMBER 1, 2000**

14. I hereby certify that the foregoing is true and correct

Signed *[Signature]* Title **ATTORNEY IN FACT** Date **10/25/00**  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes 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.

**GW**

\*See Instruction on Reverse Side

**Sub 160**  
**X-4 40**