

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

HERMAN L. LOEB

3. Address and Telephone No. **P.O. BOX 524**

LAWRENCEVILLE, IL 62439

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1930 FNL 1880 FEL
Sec 8 T-25-S, R-37-E *Gr*

5. Lease Designation and Serial No.

NMLC 032511E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Langlie Jal Federal #2

9. API Well No.

30025346190000

10. Field and Pool, or Exploratory Area

Jalmat 79240

11. County or Parish, State

Lea Co., N.M.

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of Operator
☐ 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 3100.5(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: