NOTICE OF UNIT OPERATOR TRANSFER
____________________________________________________ UNIT

RESIGNATION OF UNIT OPERATOR

Under and pursuant to the provisions of Section _____ of the ________________________________ Unit Agreement,
I hereby acknowledge and certify the resignation of ________________________________ as Unit Operator,
effective upon the selection and approval of a Successor Unit Operator.

____________________  __________________________  ________________  __________
Signature              Name                      Title                     Date

State of
____________________________________________________
County of
____________________________________________________

On this _____ day of _____________________, 20____, before me personally appeared__________________________
and acknowledged that (s)he represents the current operator and is authorized to execute this transaction.

____________________________________________________  My commission expires ________________
Notary Public
DESIGNATION OF SUCCESSOR UNIT OPERATOR

Under and pursuant to the provisions of Section _____ of the ________________________ Unit Agreement, I hereby acknowledge and certify that __________________________ (OGRID# _______) assumes the rights, duties, and obligations of Unit Operator and affirm the following (NMAC 19.2.100.51.B):

(a) That the agreement will tend to promote the conservation of oil and gas and the better utilization of reservoir energy in the unit agreement area.

(b) That under the unit operation, the state of New Mexico will receive its fair share of the recoverable oil or gas in place under its lands in the unit area.

(c) That each beneficiary institution of the state of New Mexico will receive its fair and equitable share of the recoverable oil and gas under its lands within the area.

(d) That the agreement is in other respects for the best interests of the State Trust.

I also certify that the requisite approvals of the current working interest operators in the __________________________ Unit have been obtained to satisfy the requirement for selection of a successor operator as set forth in the terms and provisions of the agreement.

- Operations on State Trust lands in this agreement will be covered by the following bond:

- The effective date for assumption of Unit Operator duties is __________________________.

- Successor Operator mailing address: __________________________

<table>
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<tr>
<th>Signature</th>
<th>Name</th>
<th>Title</th>
<th>Date</th>
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State of )

County of )

On this _____ day of ________________, 20____, before me personally appeared __________________________ and acknowledged that (s)he represents the successor operator and is authorized to execute this transaction.

__________________________ My commission expires ___________

Notary Public

Submit form to: Commissioner of Public Lands
Attn: Units Manager
PO Box 1148
Santa Fe, NM 87504-1148

Questions?
Contact the Units Manager:
505.827.5791

Upon approval, the successor Unit Operator will receive an acknowledgment letter from the Commissioner of Public Lands.