

JICARILLA APACHE NATION
DESIGNATION OF OPERATOR

FORM JAN-A-4
APPROVED
September 2002

JICARILLA
OIL & GAS
ADMINISTRATION

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

Lease No. _____

DESIGNATION OF OPERATOR

Oil and Gas Lease No. _____ Minerals Agreement No. _____

The undersigned owner of an interest in the lease/agreement identified above hereby designates the following as its Operator and local agent with respect to the identified lands and formations:

Name of Designated Operator: _____

Address: _____

Description of Lands and Formations:

The Designated Operator is bonded under Bond No. _____ (copy attached).
Evidence of bonding is required prior to commencement of operations.

The Designated Operator shall have full authority to act in the undersigned's behalf in complying with the terms of the lease/agreement and all federal and tribal regulations applicable thereto. The Nation or the authorized officer may serve written or oral instructions on the Designated Operator in securing compliance with Operating Regulations (43 CFR 3160, 25 CFR 211 and 212 and Tribal Regulations). It is understood that this designation of operator does not relieve the lessee or any other holder of an interest in the lease/agreement from responsibility for compliance with the terms of the lease/agreement and the operating regulations. This designation of operator does not constitute an assignment of any interest in the lease/agreement.

In case of default on the part of the Designated Operator, the undersigned will make full and prompt compliance with all terms and stipulations of the lease/agreement, regulations, or orders of the Secretary of the Interior, his representative or the Jicarilla Apache Nation.

Attach all appropriate documentation to this form.

The undersigned agrees promptly to notify the authorized officer and the Jicarilla Apache Nation of any change in the designated operator.

EXECUTED this ____ day of _____, 20____.

By: _____

(Title)

(Address)

JICARILLA APACHE NATION

UNITED STATES OF AMERICA

Date Approved: _____

Date Received: _____

Authorized Officer/Title

Authorized Officer/Title