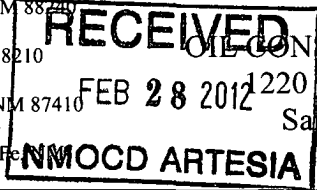


Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009



WELL API NO. 30-015-37629
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Rustler Bluff
8. Well Number 4
9. OGRID Number 160825
10. Pool name or Wildcat Willow Lake (Delaware)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3154' GR

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other SWD

2. Name of Operator
BC Operating, Inc.

3. Address of Operator
PO Box 50820, Midland, TX 79710

4. Well Location
 Unit Letter I : 1982 feet from the South line and 660 feet from the East line
 Section 1 Township 25S Range 28E NMPM Eddy County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: See Remarks Below <input checked="" type="checkbox"/>
---	--

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

02/14/12:
 We ran an MIT on this well prior to TA'ing the well. We had asked for a 12 month extension to file for an injection permit. Test was ran, after notifying OCD, for one hour and held at 520#.

See attached chart

Temporary Abandoned Status Approved
 Until 12/1/2016
 LAST PROD REPORT 12/1/2011

Spud Date: 7/20/10

Rig Release Date: 7/30/10

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

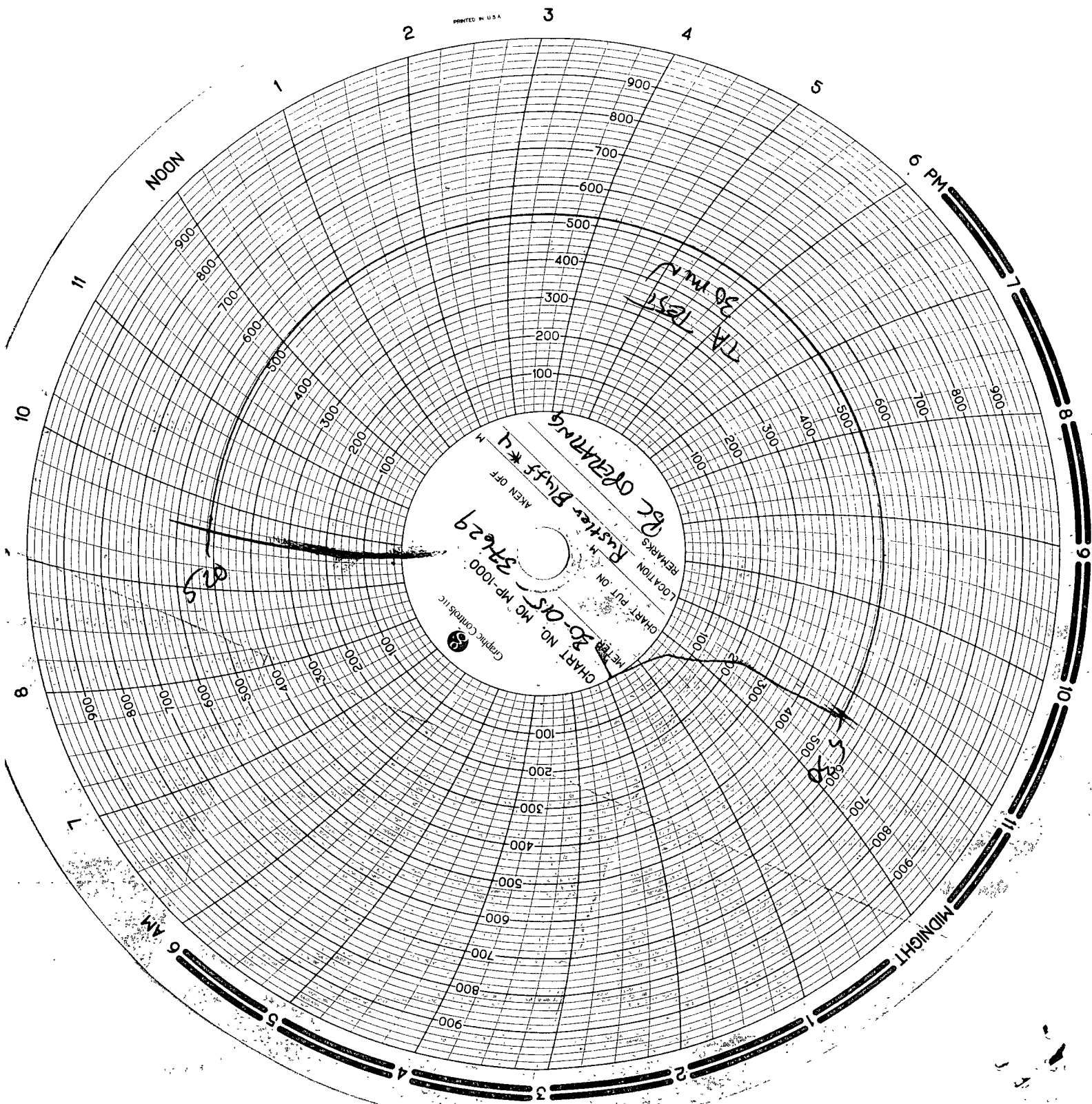
SIGNATURE Pam Stevens TITLE Regulatory Analyst DATE 02/24/2012

Type or print name Pam Stevens E-mail address pstevens@bcoperating.com PHONE: 432-684-9696

For State Use Only

APPROVED BY: Richard Inae TITLE COMPLIANCE OFFICER DATE 3/2/12
 Conditions of Approval (if any):

PRINTED IN U.S.A.



MOON

6 PM

MIDNIGHT

6 AM

2

3

4

5

7

8

9

10

11

10

8

7

3

2

4

5

6