1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone: (\$75) 748-1283 Fax: (\$75) 748-9720

1000 Rio Brazos Road, Aziec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

District III

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

TLOONSERVATION ARTESIA OFETRICT

State of New Mexico

MAR Engray Minerals & Natural Resources Department OIL CONSERVATION DIVISION

RECEIVED 1220 South St. Francis Dr.

Santa Fe, NM 87505

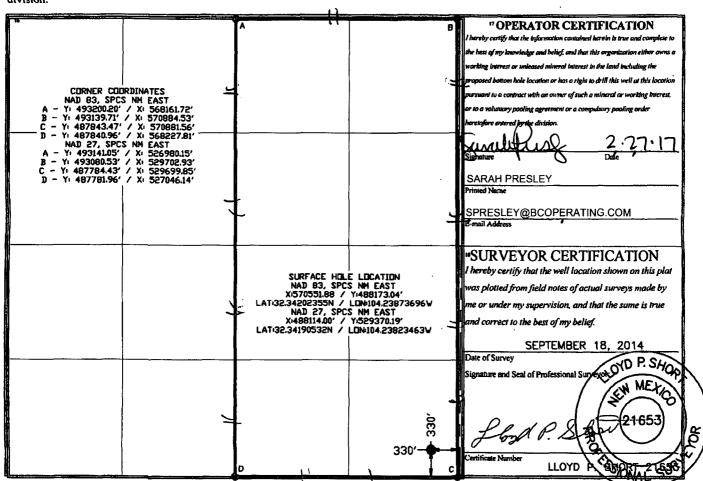
Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

			*******			DITOL DEDICA	11101112011					
APL Number				² Pool Cod	•	³ Pool Name						
(1)-015-14de			0	98220		OLFCAMP GAS	LFCAMP GAS					
Property Code				.,	Well Number							
				1	1							
OGRID No.					⁹ Elevation							
160825					3209							
" Surface Location												
UL or lot so.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West line	County			
P	36	T225	R26E		330′	HTUES	330'	EAST	EDDY			
"Bottom Hole Location If Different From Surface												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County			
					•		-	l				
12 Dedicated Acres	13 Joint of	r Infili 1	⁴ Consolidation	Code 15 O	rder No.							
320.00		i										

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



z	Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103						
	<u>District 1</u> – (575) 393-6161	Energy, M	inerals and Natu	ral Resources	Revised July 18, 2013 WELL API NO.						
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283				30-015-42666						
	811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease						
	District III – (505) 334-6178	1220) South St. Fran		FEE 🗌						
	1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	S	anta Fe, NM 87	505	6. State Oil & Gas Lease						
	1220 S. St. Francis Dr., Santa Fe, NM										
Г	87505 SUNDRY NOT	7. Lease Name or Unit A	graamant Nama								
İ	(DO NOT USE THIS FORM FOR PROPO	7. Lease Name of Omit A	agreement Name								
ł	DIFFERENT RESERVOIR. USE "APPL	AIRPORT 36 STATE									
-	PROPOSALS.)	8. Well Number 1									
-	1. Type of Well: Oil Well 2. Name of Operator	9. OGRID Number									
Ì	BC OPERATING, INC.	160825	•								
Ì	3. Address of Operator	10. Pool name or Wildca	it								
	P.O. BOX 50820, MIDLAND, TX	CARLSBAD; WOLFCA	MP SOUTH								
	4. Well Location										
Ì	Unit Letter P	330 feet fr	rom the <u>SOUTH</u>	[line and <u>33</u>	$\underline{\underline{60}}$ feet from the $\underline{\underline{E}}$	ASTline					
	Section 36			ange 26E	NMPM EDDY	County					
		11. Elevation (Show whether DR,	RKB, RT, GR, etc.,							
	12 Check	Appropriate Bo	x to Indicate N	ature of Notice	Report or Other Data						
	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data										
	NOTICE OF IN				SEQUENT REPORT						
	PERFORM REMEDIAL WORK			REMEDIAL WOR		RING CASING 🔲					
	TEMPORARILY ABANDON			COMMENCE DRI) A					
	PULL OR ALTER CASING		MPL 🗌	CASING/CEMENT	T JOB						
	DOWNHOLE COMMINGLE			i							
	CLOSED-LOOP SYSTEM OTHER:		П	OTHER:		П					
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated details)											
	of starting any proposed w	ork). SEE RULE			mpletions: Attach wellbore						
	proposed completion or re	completion.									
	BC OPERATING, INC. R	ESPECTULLY R	EQUESTS TO CH	IANGE THE POOI	L FOR THE SUBJECT WE	ELL					
			/								
	FROM: CARLSBAD; W		H (GAS)		NM OIL COMBENAUADION ARTESIA ELSTELUT MAR O 1 2017						
	TO: PURPLE SAGE; WO	DLFCAMP (GAS)									
			min was party and the	•							
					The second secon	- 					
	Spud Date:		Rig Release Da	te:							
•	spud Date.		Rig Release Da	ic							
]	hereby certify that the information	above is true and	complete to the be	est of my knowledge	e and belief.						
9	SIGNATURE CURLLY TITLE REGULATORY ANALYST DATE 2.27.2017										
k	0 1										
	Type or print name <u>SARAH PRESLEY</u> E-mail address: <u>SPRESLEY@BCOPERATING.COM</u> PHONE: <u>432-684-9696</u>										
]	For State Use Only Acce	pted For Re	ecord								
	APPROVED BY:	NMOCD	TITLE		DATE						
	Conditions of Approval (if any):				DITT						