District I' N5. 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District II District II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III 1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

NE CAL OONSERVATION State of New Mexico ARTESIA DISTRICT MAR 0 2 2 Winerals & Natural Resources Department 1220 South St. Francis Dr.

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

AMENDED REPORT

RECEIVED

Santa Fe, NM 87505

				² Pool Code		ACREAGE DEDICATION PLAT ³ Pool Name					
30-015-42689				98220		PURPLE SAGE; WOLFCAMP GAS					
	⁴ Property Code				⁵ Property N	Well Number					
Toperty C	Jude			BLAC	1H						
⁷ OGRID No.		BLACK RIVER 10 STATE COM [®] Operator Name							⁹ Elevation		
16082	5			В	3181'						
" Surface Location											
UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West line	County		
A	15	T24S	R27E		240'	NORTH	360′	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		
A	10	T24S	R27E		240'	NORTH	360'	EAST	EDDY		
12 Dedicated Acres	13 Joint of	infill ¹⁴ (Consolidation Co	de ¹⁵ Ord	er Na.		I				
320.00											

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.

16	·····			240'-			UODED ATOD CEDITIFICATION
SECTION 4		SECTION 3		E-40	В	SECTION 2	17 OPERATOR CERTIFICATION L hereby certify that the information contained herein is true and complete to
SECTION 9		SECTION 10	^	' <u>†</u>	r—	360'	Thereby certify this the information contained herein is the and complete to the best of my knowledge and belief, and that this organization either owns a
	BOTTON HO	E LOCATION		+-	k	360'	
	NAD 83, SP	360' FEL CS NH EAST			\mathbb{N}	SECTION 11	working interest or unleased mineral interest in the land including the
	LAT-32.23827600N	/ 1450456.23' / LON104.17120492V		, <u>9</u>	[\		proposed bottom hole location or has a right to artill this well at this location
	X550P82.23	'CS NH EAST / 1450397,89'				-LAST TAKE POINT	plesuant to a contract with an owner of such a mineral or working interest,
	LAT/32/23815619N	/ LDN19417070819V		• •	ľ		or to a voluntary pooling agreement or a compulsory pooling order
				1	k		heretafore entered by the fivision
	LAST TA	(KF POINT		1	ļ		Karrellast 2.27.17
	330' FNL NAD 83, SPI	360' FEL		1	L		Signingure Difate
	X591465.50 /	Y450366.20'	WKEA	1			
	NAD 27, SP XS30282.75	CS NH EAST	₹ I	;	ľ		SARAH PRESLEY
		LEN:04.17070700V	- <u> </u>	<u> </u>	I		
		330'		,	ß		SPRESLEY@BCOPERATING.COM
	FURST T	AKE POIDNT 360' FEL					E-mail Address
	NAD 83, SF	CS NH EAST	E E	I			
	LAT3222527257N	/ LDN104.17115057∀	1 ,	i		330'	"SURVEYOR CERTIFICATION
	X-550306.08'	°CS NN EAST / YH45667.56'					I hereby certify that the well location shown on this plat
	LATGEZEDIDEDIN	/ LDN104.17065419V		· · · · ·	# 		was plotted from field notes of actual surveys made by
	SURFACE HE	LE LOCATION					
	NAD 83, SP	360' FEL CS NH EAST		י ה	1	FIRST TAKE	me or under my supervision, and that the same is true
	LAT-32-22370525N	/ Y1445155.65' / LON104.17113439V		330,		POINT	and correct to the best of my belief.
	NAD 27, SP X550311.93	'CS NH EAST / Y1445097.41'			\boldsymbol{V}	360'	SEPTEMBER 22, 2014
SECTION 9	LATG222358517N	LIN104.17063805V			C	SECTION 11	
SECTION 16		·····	· +	I	Ť		Date of Survey Signature and Seal of Professional Supreyon, OVD P. SHOP
SECTION 10		SECTION 15	CORNER COORDONATE		4	360'	IN MET
			NAD 83, SPCS NH EA A - Yi 450743.64' / Xi 51	9192.43	.	SECTION 14	Signature and Seal of Professional Surveyort
		I	B - Yi 450688.80' / Xi 55 C - Yi 445391.38' / Xi 55	1850.64'			(21653)
		1	D - Yi 445423.66' / Xi 51 NAD 27, SPCS NH EA				3 21053 8
		ł	A - YI 450685.32 / XI 5	18009.70			
			C - Y: 44533313' / X: 52 D - Y: 445365.44' / X: 52				Certificate Number
							LLOYD A BORT 2 650

	Submit'l 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 SUNDRY NOT (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIPROPOSALS.) 1. Type of Well: Oil Well 2. Name of Operator	Energy, Miner OIL CONSE 1220 So Santa ICES AND REPORTS DSALS TO DRILL OR TO D	RVATION outh St. Fran a Fe, NM 87 S ON WELLS DEEPEN OR PLU	ral Resources DIVISION ncis Dr. 2505 JG BACK TO A	Form C-103 Revised July 18, 2013 WELL API NO. 30-015-42689 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name BLACK RIVER 10 STATE COM 8. Well Number 1H 9. OGRID Number				
	BC OPERATING, INC. 3. Address of Operator				160825 10. Pool name or Wildcat				
	P.O. BOX 50820, MIDLAND, TX	X 79710			BLACK RIVER; WOLFCAMP (GAS)				
	4. Well Location								
	Unit Letter <u>A</u> : Section 15	<u>240</u> feet from the Township		_line and <u>360</u> Range 27E	feet from the1 NMPM EDD				
		11. Elevation (Show				County			
				·····	·				
-	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE OTHER: OTHER: OTHER: 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.								
BC OPERATING, INC. RESPECTULLY REQUESTS TO CHANGE THE POOL FOR THE SUBJECT WELL FROM: BLACK RIVER; WOLFCAMP (GAS) TO: PURPLE SAGE; WOLFCAMP (GAS) NM OIL CONSERVATION									
	IO. FORFLE SAGE, WO		ARTESIA DISTRICT						
	MAR 01 2017								
					RECEIVED				
i	Spud Date:	R	ig Release Da	ite:]			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
	signature_Sarah	Jung	TITLE <u>REG</u>	ULATORY ANAL	<u>.YST</u> DAT	E 2.27.2017			
	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 Accepted For Record									
	APPROVED BY:	NMOCD т	ITLE		DATI	3			

APPROVED BY:_____ Conditions of Approval (if any):