

District I
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: (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

State of New Mexico
Oil, Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED
MAR 02 2017

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-42731	² Pool Code 98220	³ Pool Name PURPLE SAGE; WOLFCAMP GAS
⁴ Property Code	⁵ Property Name STERLING 20 STATE	⁶ Well Number 1H
⁷ OGRID No. 160825	⁸ Operator Name B.C. OPERATING, INC.	⁹ Elevation 3177

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	17	T23S	R27E		240'	SOUTH	1650'	EAST	EDDY

¹¹ 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
0	20	T23S	R27E		240' 180'	SOUTH	1650' 1780'	EAST	EDDY
¹² Dedicated Acres 160.00 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

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 CORNER COORDINATES NAD 83, SPCS NM EAST A - Y: 472010.44' / X: 578789.62' B - Y: 472008.28' / X: 580112.37' C - Y: 466709.48' / X: 580131.35' D - Y: 466718.61' / X: 578813.90'	17 CORNER COORDINATES NAD 83, SPCS NM EAST A - Y: 471951.73' / X: 537607.49' B - Y: 471949.33' / X: 538930.22' C - Y: 466630.89' / X: 538949.09' D - Y: 466660.04' / X: 537631.66'	18 SECTION 18	19 SECTION 19	20 SECTION 20 SURFACE HOLE LOCATION 240' FSL 1650' FEL NAD 83, SPCS NM EAST X: 579784.49' / Y: 472248.89' LAT: 32.29822434N / LON: 104.20890162W NAD 27, SPCS NM EAST X: 538602.35' / Y: 472190.16' LAT: 32.29810545N / LON: 104.20840165W FIRST TAKE POINT 330' FSL 1650' FEL NAD 83, SPCS NM EAST X: 579785.95' / Y: 471678.82' LAT: 32.29665728N / LON: 104.20889902W NAD 27, SPCS NM EAST X: 538603.80' / Y: 471620.11' LAT: 32.29653838N / LON: 104.20839910W LAST TAKE POINT 330' FSL 1650' FEL NAD 83, SPCS NM EAST X: 579497.91' / Y: 467041.80' LAT: 32.28391069N / LON: 104.20887772W NAD 27, SPCS NM EAST X: 538313.67' / Y: 466993.21' LAT: 32.28379172N / LON: 104.20837817W BOTTOM HOLE LOCATION 240' FSL 1650' FEL NAD 83, SPCS NM EAST X: 579798.15' / Y: 466953.80' LAT: 32.28366328N / LON: 104.20887731W NAD 27, SPCS NM EAST X: 538615.90' / Y: 466893.21' LAT: 32.28354431N / LON: 104.20987777W	21 SECTION 21	22 SECTION 22	23 SECTION 23	24 SECTION 24	25 SECTION 25	26 SECTION 26	27 SECTION 27	28 SECTION 28	29 SECTION 29	30 SECTION 30
17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <i>Sarah Presley</i> Date: 2.27.17 Printed Name: SARAH PRESLEY E-mail Address: SPRESLEY@BCOPERATING.COM 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey: AUGUST 25, 2016 Signature and Seal of Professional Surveyor: <i>Lloyd P. Short</i> Certificate Number: LLOYD P. SHORT 21653														

...wells having less than 320 dedicated acres may increase spacing to the standard 320-acre gas spacing by filing application to increase spacing as provided by Division rules...

Submit 1 Copy To Appropriate District Office
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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-42731
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STERLING 20 STATE
8. Well Number 1H
9. OGRID Number 160825
10. Pool name or Wildcat FOREHAND RANCH; WOLFCAMP (GAS)

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

2. Name of Operator
BC OPERATING, INC.

3. Address of Operator
P.O. BOX 50820, MIDLAND, TX 79710

4. Well Location

Unit Letter O : 240 feet from the SOUTH line and 1650 feet from the EAST line
Section 17 Township 23S Range 27E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
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 or recompletion.

BC OPERATING, INC. RESPECTULLY REQUESTS TO CHANGE THE POOL FOR THE SUBJECT WELL

FROM: FOREHAND RANCH; WOLFCAMP (GAS)
TO: PURPLE SAGE; WOLFCAMP (GAS)

NM OIL CONSERVATION
ARTESIA DISTRICT
MAR 01 2017

RECEIVED

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE REGULATORY ANALYST

DATE 2.27.2017

Type or print name SARAH PRESLEY

E-mail address: SPRESLEY@BCOPERATING.COM PHONE: 432-684-9696

For State Use Only

APPROVED BY:

Accepted For Record

NMOCD

TITLE

DATE

Conditions of Approval (if any):