Phone: (575) 393-6161 Fax: (575) 393-0720 District []

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III 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

RECEIVED

District 1 1625 N. French Dr., Hobbs, NM 88240 NA OIL CONSERVATION State of New Mexico

ARTESIA DISTRICT State of New Mexico
Energy, Minerals & Natural Resources Department
MAR 0 2 OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

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

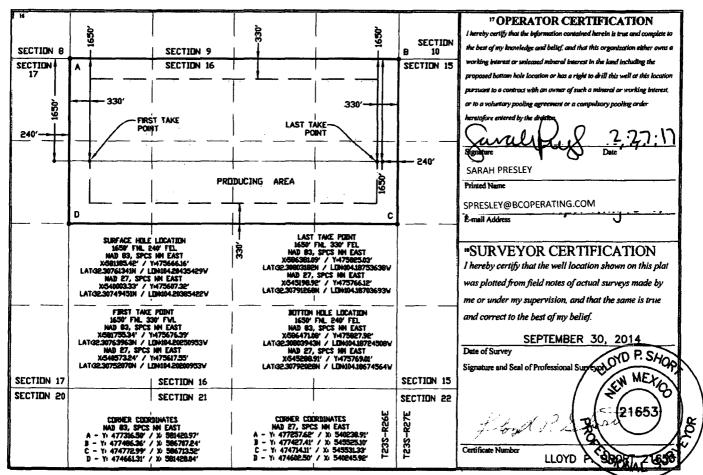


WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-42733			<sup>2</sup> Pool Code 3 98220 PURPLE S					3 Pool Name SAGE; WOLFCAMP GAS		
<sup>4</sup> Property	<sup>4</sup> Property Code		Froperty Name CASS 16 STATE						Well Number	
<sup>7</sup> ogrid №. 160825		<sup>6</sup> Operator Name B.C. OPERATING, INC.						4	<sup>7</sup> Elevation 3164	
					" Surface L	ocation				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
<u>H</u>	1 1/	T23S	R27E	t TY-1	1650'	NORTH	240'	EAST	EDDY	
			" Bot	tom Hole	e Location It I	Different From	Surrace			

UL or lot no. Section Township Range Lot Idu Feet from the North/South line Feet from the East/West line County 16 **T23S R27E** 1650 **NORTH** 240 **EAST EDDY** <sup>12</sup> Dedicated Acres Joint or Infill <sup>4</sup> Consolidation Code <sup>15</sup> Order No. 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.



	ì								
•	Submit 1 Copy To Appropriate District	State of New Me	exico	Form C-103					
•	Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	Revised July 18, 2013 WELL API NO.						
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			30-015-42733					
	811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION	5. Indicate Type of Lease						
	1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran Santa Fe, NM 8'	STATE FEE						
	<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NWI 8	7303	6. State Oil & Gas Lease No.					
ſ	87505	TOTAL AND DEPONDE ON HIELE							
		FICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PL	7. Lease Name or Unit Agreement Name						
	DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	CASS 16 STATE							
	1. Type of Well: Oil Well	8. Well Number 2H							
Ī	2. Name of Operator	9. OGRID Number 160825							
	BC OPERATING, INC.  3. Address of Operator	10. Pool name or Wildcat							
ł	P.O. BOX 50820, MIDLAND, TX	X 79710		FOREHAND RANCH; WOLFCAMP (GAS)					
	4. Well Location			<u> </u>					
	Unit Letter <u>H</u> :	1650 feet from the <u>NORTH</u>	line and <u>240</u>	feet from theEASTline					
	Section 17		Range 27E	NMPM EDDY County					
		11. Elevation (Show whether DR	, RKB, RT, GR, etc.,						
	12 Check	Appropriate Box to Indicate N	lature of Notice	Report or Other Data					
			•	_					
		NTENTION TO:	_	SEQUENT REPORT OF:					
	PERFORM REMEDIAL WORK	<del>-</del>	REMEDIAL WOR						
	TEMPORARILY ABANDON   PULL OR ALTER CASING		CASING/CEMENT	<del></del>					
	DOWNHOLE COMMINGLE	<del></del>	O' TO THE T						
	CLOSED-LOOP SYSTEM			_					
-	OTHER:	mloted energtions (Clearly state all	OTHER:	d sive mentinent dates including estimated date					
	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 re								
	BC OPERATING, INC. F	RESPECTULLY REQUESTS TO CI	HANGE THE POOI	L FOR THE SUBJECT WELL					
	20 012.411.10, 110.1								
		ANCH; WOLFCAMP (GAS)							
	TO: PURPLE SAGE; WO	OLFCAMP (GAS)	NM:	OIL CONSERVATION					
				ARTESIA DISTRICT					
MAR 0 1 2017									
	RECEIVED								
	<del></del>								
	Spud Date:	Rig Release D	ate:						
			L						
_									
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								
	Accente	ed For Record		D : 777					
	APPROVED BY: ACCEPTS Conditions of Approval (if any):	IMOCD TITLE		DATE					
	Conditions of Approval (if any): 1	11 10 0-							