

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
**Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No.
NMNM114984

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
BC Operating, Inc.

3a. Address
P.O. Box 50820
Midland, Texas 79710

3b. Phone No. (include area code)
432-684-9696

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
SHL: 330' FSL & 2200' FEL of Section 17, T22S, R33E
BHL: 330' FNL & 2200' FEL of Section 17, T22S, R33E

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
Chili Parlor 17 federal #1H

9. API Well No.
30-025-41540

10. Field and Pool or Exploratory Area
Red Tank, Bone Spring, East

11. County or Parish, State
Lea County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Variance
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

BC Operating, Inc. requests a variance to be allowed to use a coflex hose from the BOP to the Choke Manifold. The certification papers are onsite and as well as attached with this document.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Steve Morris

Title Drilling Engineer

Signature

Date 09/17/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

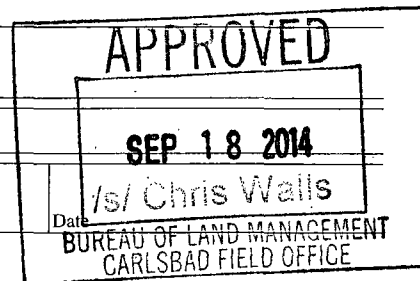
Title

Office

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)



SEP 22 2014



QUALITY CONTROL	No.: QC-DB- 89 / 2011
	Page : 1 / 54
Hose No.: 60313, 60314, 60315, 60316	Revision : 0
	Date: 07. March 2011.
	Prepared by: <i>[Signature]</i>
	Appr. by: <i>[Signature]</i>

CHOKE AND KILL HOSES

id.: 3" 68,9 MPa x (25 ft) 7,62 m 1 pc
x (45 ft) 13,72 m 3 pcs

DATA BOOK

Purchaser:

Purchaser Order No.:

ContiTech Rubber Order No.: 493934

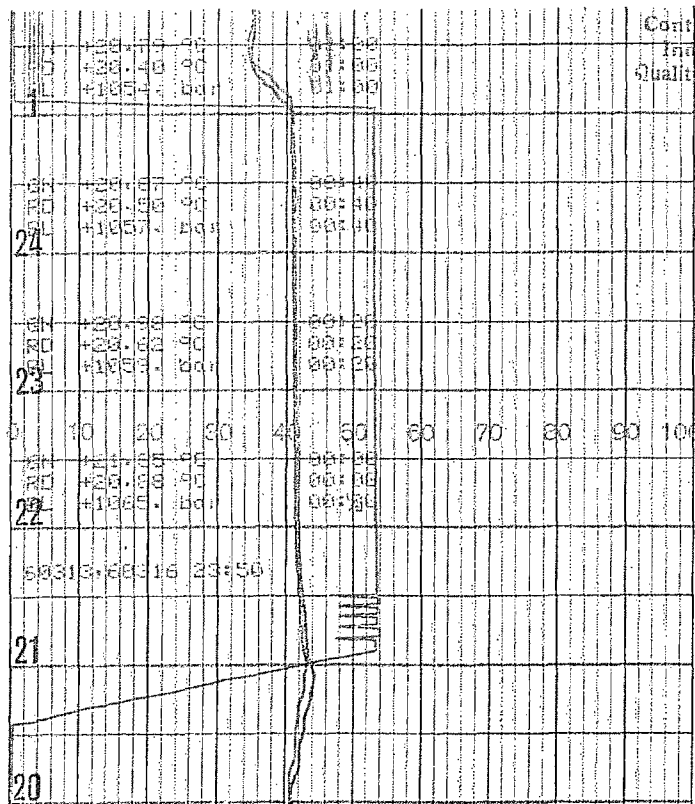
ContiTech Beattie Co. Order No.: 004795

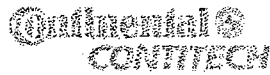
ASSET 66-0638, 66-0639, 66-0640, 66-0641

QUALITY CONTROL INSPECTION AND TEST CERTIFICATE				CERT. N°: 246	
PURCHASER: ContiTech Beattie Co.				P.O. N°: 004795	
CONTITECH ORDER N°: 493934		HOSE TYPE: 3" ID Choke and Kill Hose			
HOSE SERIAL N°: 60313		NOMINAL / ACTUAL LENGTH: 7,62 m / 7,63 m			
W.P. 68,9 MPa 10000 psi		T.P. 103,4 MPa 15000 psi		Duration: 60 min.	
<p>Pressure test with water at ambient temperature</p> <p style="text-align: center;">See attachment. (1 page)</p> <p>↑ - 10 mm = 10 Min. → 10 mm = 20 MPa</p>					
COUPLINGS Type	Serial N°		Quality	Heat N°	
3" coupling with 4 1/16" Swivel Flange end Hub	324 320		AISI 4130	H0434	
			AISI 4130	31742	
			AISI 4130	B2297A	
ASSET NO.: 66-0638			API Spec 16 C Temperature rate:"B"		
All metal parts are flawless					
WE CERTIFY THAT THE ABOVE HOSE HAS BEEN MANUFACTURED IN ACCORDANCE WITH THE TERMS OF THE ORDER INSPECTED AND PRESSURE TESTED AS ABOVE WITH SATISFACTORY RESULT.					
STATEMENT OF CONFORMITY: We hereby certify that the above items/equipment supplied by us are in conformity with the terms, conditions and specifications of the above Purchaser Order and that these items/equipment were fabricated inspected and tested in accordance with the referenced standards, codes and specifications and meet the relevant acceptance criteria and design requirements.					
COUNTRY OF ORIGIN HUNGARY/EU					
Date: 01. March 2011.	Inspector		Quality Control ContiTech Rubber Industrial Kft. Quality Control Dept. (1)		

Handwritten signature

ContiTech Rubber
Industrial Rft.
Quality Control Dept.
(1)





Hose Data Sheet

CRI Order No.	493934
Customer	ContiTech Beattie Co.
Customer Order No	PO4795, PBC10685
Item No.	3
Hose Type	Flexible Hose
Standard	API SPEC 16 C
Inside dia in inches	3
Length	25 ft
Type of coupling one end	FLANGE 4.1/16" 10KPSI API SPEC 17D SV SWIVEL FLANGEC/W BX155 ST/ST INLAID RING GR
Type of coupling other end	FLANGE 4.1/16" 10KPSI API SPEC 17D SV SWIVEL FLANGE C/W BX155 ST/ST INLAID RING GR
H2S service NACE MR0175	Yes
Working Pressure	10 000 psi
Design Pressure	10 000 psi
Test Pressure	15 000 psi
Safety Factor	2,25
Marking	USUAL PHOENIX
Cover	NOT FIRE RESISTANT
Outside protection	St. steel outer wrap
Internal stripwound tube	No
Lining	OIL RESISTANT
Safety clamp	Yes
Lifting collar	Yes.
Element C	Yes
Safety chain	No
Safety wire rope	Yes
Max.design temperature [°C]	100
Min.design temperature [°C]	-20
MBR operating [m]	1,60
MBR storage [m]	1,40
Type of packing	WOODEN CRATE ISPM-15

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).