Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-4 1951 42066
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		40445
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		Abe State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 2H
2. Name of Operator		9. OGRID Number
BC Operating, Inc.		160825
3. Address of Operator P.O. Box 50820 Midland, Texas 79710		10. Pool name or Wildcat
4. Well Location	10	WC-025 G-07 S213330F; Bone Spring
Unit Letter B: 240 feet from the North line and 1980 feet from the East line		
Section 32 Township 21S Range 33E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3727' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒ COMMENCE DRILLING OPNS.☐ P AND A ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐		
DOWNHOLE COMMINGLE	WOETH LE COMME	1,005
OTHER.	CT OTHER	
OTHER: OTHER:		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Notice of Intent to change plan		
Surface casing hole size from 17 ½" to 16" and sacks of cement on that casing from 1450 to 950.		
DEVIED		
Spud Date:	Rig Release Date:	
Space Date.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE + Am Stevens TITLE Regulatory Analyst DATE 07/28/2014		
Type or print name Pam Stevens E-mail address: pstevens@bcoperating.com PHONE: 432-684-9696		
For State Use Only		
APPROVED BY: TITLE Petroleum Engineer DATE 08/11/1		
APPROVED BY: DATE DATE DATE DATE DATE		