HOBBSOCD

Form 3160-5 (March 2012)

FEB 0 2 2015 UNITED STATES BUREAU OF LAND MANAGEMENT

5. Lease S

OMB No. 1004-0137 Expires: October 31, 2014 ease Serial No.

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. NMNM 0149957 6. If Indian, Allottee or Tribe Name

FORM APPROVED

abandoned well. Use Form 3160-3 (Al				
SUBMIT IN TRIPLICATE - Other instructions on page 2.			7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well				
✓ Oil Well ☐ Gas Well ☐ Other			8. Well Name and No. Brooks Federal #003	
2. Name of Operator BC Operating, Inc.			9. API Well No. 30-025-01711	
3a. Address P.O. Box 50820 3b. Phone No. (include area code)			10. Field and Pool or Exploratory Area	
Midland, Texas 79710 432-684-9696		SWD;Yates/Salt Lake; Yates		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)			11. County or Parish, State	
			Lea County, New Me	
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA				
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent Acidize	Deepen Deepen		ction (Start/Resume)	Water Shut-Off
Alter Casing	Fracture Treat	=	mation	Well Integrity
Subsequent Report Casing Repair	New Construc	= =	mplete	
Change Plans	Plug and Abar		orarily Abandon	
Final Abandonment Notice Convert to Injection	Plug Back	Water	Water Disposal	
determined that the site is ready for final inspection.) MIRU pulling unit. ND WH & NU BOP. Unseat packer. TOOH LD 2-1/16" tubing. Tally tubing. RIH w 2 7/8" bit on 2-1/16" rental workstring. Clean out well with reverse unit to 2930' OH. 3 1/2" casing is set @ 2910'. TOOH LD bit & workstring. TIH w/new 2-1/16" 3.25# J-55 glassbore lined injection tubing and 3 1/2" nickel plated double grip packer. Set packer @ 2835'. ND BOP & NU WH. Test packer to 500 psi for 30 minutes. Run MIT and turn in charts. MIRU pump truck and acid transport. Acidize Yates w/3000 gals of 15% HCL in 3 stages using rock salt as diverter. Overflush w/200 bbls FW. MIRU WL truck & RU pump truck. Run radioactive tracer survey. RDMO pulling unit. OCD for RECORD ONLY. All Federal forms require BLM APPROVAL.				
14. I hereby certify that the foregoing is true and correct. Name (Printed)	VTyped)			
Pam Stevens	ns Title Regulatory Analyst			
Signature Parm Stevens	Date (Date 01/30/2015		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by	, Ti	itle	G	ate to Bun
Conditions of approval, if any, are attached. Approval of this notice does that the applicant holds legal or equitable title to those rights in the subject entitle the applicant to conduct operations thereon.	not warrant or certify	Office		

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

MABJOCA 2/3/2015

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,

FEB 0 4 2015