HOBBSOCD

Form 3160-5 (March 2012)

UNITED STATES O 2 200 PARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	FORM APPROVED
	OMB No. 1004-0137
	Expires: October 31, 20
anna Carial Ma	

5. Lease Serial No. SWD ROW NM-086

6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

abandoned well. Use Form 3160-3 (APD) for such proposals.							
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agree	ement, Name and/or No.		
1. Type of Well							
Oil Well Gas Well					8. Well Name and No. Government 'E' #1		
2. Name of Operator BC Operating, Inc.				9. API Well No. 30-025-23708			
3a. Address 3b. Phone No			(include area co	de area code) 10. Field and Pool or Exploratory Area			
P.O. Box 50820 Midland, Texas 79710 432-684-969			5	SWD; Bone Spring			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)					11. County or Parish, State		
600' FSL & 1880' FWL of Section 25, T-19S, R-	34E, Unit N				Lea County, New Me	exico	
LO 12. CHEC	CK THE APPROPRIATE BO	OX(ES) TO IND	ICATE NATUR	RE OF NOTIC	CE, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACT				ION		
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair		en ure Treat Construction	Recla	uction (Start/Resume) amation mplete	Water Shut-Off Well Integrity ✓ Other Run tubing	
Subsequent Report	Change Plans	Plug	and Abandon	Temp	oorarily Abandon	<u></u>	
Final Abandonment Notice	Convert to Injection	Plug	Back	☐ Wate	r Disposal		
MIRU workover rig. ND WH & NU E J-55 injection tbg, XO, 3835' of 3 1/2 MIRU acid trucks and acidize Bone BOP & NU WH. RDMO pulling unit. Condition of Approva OCD Hobbs office 24 prior of running MIT To	BOP. Unset packer. TOC "EUE J-55 tbg. Set pack Spring w/3000 gals of 150 I: notify hours Canal	ker @ 9532' & % HCL w/rock : OCD for RE forms rec	release on/off t	tool. Circ pa @ 3 BPMm <u>WLY.</u> All	cker fluid. Latch onto RDMO acid trucks.	packer. ND WH & NU BOP.	
14. I hereby certify that the foregoing is true and correct. Name (Printed Pam Stevens		ed/Typed)	Title Regulatory Analyst				
Signature Pam Steums Date 01/30/2015				2015			
	THIS SPACE	FOR FEDE	RAL OR ST	TATE OFF	ICE USE		
Approved by			Title		D	Date	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	itle to those rights in the subje						
Title 18 U.S.C. Section 1001 and Title 43	·			and willfully to	o make to any department	t or agency of the United States any false,	