## OCD Hobbs

Form 3160-3 (March 2012) HOBBS OCD

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

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAR 0 9 201

5. Lease Serial No. NMNM 132944

APPLICATION FOR PERMIT TO DRILL OR REENTER-CEIVED

If Indian, Allotee or Tribe Name

		1120				
. Type of work:  DRILL  REENTER				7. If Unit or CA Agreement, Name and No.		
lb. Type of Well: ✓ Oil Well ☐ Gas Well ☐ Other		✓ Single Zone  Multip	8. Lease Name and Well No. Dogie Draw 23 Federal #4H			
2. Name of Operator BC Operating, Inc. (160825)				9. API Well No. 43672		
3a. Address P.O. Box 50820 Midland, Texas 79710	3b. Phone No. (include area code) 432-684-9696			10. Field and Pool, or Exploratory Fairview Mills; Bone Spring		
4. Location of Well (Report location clearly and in accordance with a	my State	requirements.*)	TION	11. Sec., T. R. M. or B		rvey or Area
4. Location of Well (Report location clearly and in accordance with any State requirements.)  At surface 240' FNL & 660' FEL of Unit Letter 'A', Section 26, T-25S, R-34E LOCATION				Section 26, T-25S, R-34E Section 23, T-25S, R-34E		
At proposed prod. zone 240' FNL & 660' FEL of Unit Letter 'A', Section 23, 1-25S, R-34E				12. County or Parish		13. State
<ol> <li>Distance in miles and direction from nearest town or post office*</li> <li>14.72 miles West of Jal</li> </ol>			Lea		NM	
15. Distance from proposed* location to nearest 240'		16. No. of acres in lease		17. Spacing Unit dedicated to this well		
property or lease line, ft. (Also to nearest drig. unit line, if any)	640		160	160		
18. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.		13. Troposed Depth		20. BLM/BIA Bond No. on file		
				572		
		2. Approximate date work will start*		23. Estimated duration		
3350' GL 11/		1/01/2016		45 days		
	24.	Attachments				
The following, completed in accordance with the requirements of Onshe	ore Oil a	nd Gas Order No.1, must be at	tached to thi	s form:		
1. Well plat certified by a registered surveyor.			ne operation	ns unless covered by an	existing b	ond on file (see
<ol> <li>A Drilling Plan.</li> <li>A Surface Use Plan (if the location is on National Forest System Lands, the</li> <li>Operator certification</li> </ol>						
SUPO must be filed with the appropriate Forest Service Office).	i Lands,			ormation and/or plans as	may be re	equired by the
25. Signature Pam Stevens		Name (Printed/Typed) Pam Stevens		Date 04/15/2015		2015
Title		Talli Otevells			04/10/2	.010
Regulatory Analyst						
Approved by (Signature)  James A. Amos		Name (Printed/Typed)			PAR	8 - 2017
Title FIELD MANAGER		Office CARLSBAD FIELD OFFICE				
Application approval does not warrant or certify that the applicant hol	ds legal	or equitable title to those right	ts in the sub			
conduct operations thereon. Conditions of approval, if any, are attached.			AP	PROVAL FOR	R TW(	YEARS
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a States any false, fictitious or fraudulent statements or representations as			villfully to m	ake to any department o	r agency	of the United
(Continued on page 2)			111	10 *(Instr	ructions	on page 2)
arlsbad Controlled Water Basin			t'm	10011		

Ca

SEE ATTACHED FOR CONDITIONS OF APPROVAL