| Submit within 45 days of well cor | mpletion | A Jackson P N Command of Command | | | | Revised November 6, 2013 | | | | |
|--|---|----------------------------------|-----------------------------|--|---|--|---------------|--|--------------|--|
| | State of New Mexico Energy, Minerals and Natural Resource | | | | | 1. WELL API NO. | | | | |
| | | | | | | 30-025-39734 | | | | |
| Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505 | | | | | | 2. Well Name: SOUTH DENTON 6 STATE #002 | | | | |
| | | | | | | 3. Well Number: 002 | | | | |
| HYDRAULIC FRACTURING FLUID DISCLOSURE | | | | | | 4. Surface Hole Location: Unit:D Lot:4 Section:6 Township:16S Range:38E Feet from:330 N/S Line:N Feet from:330 E/W Line:W | | | | |
| ⊠ Original □ Amendment | | | | | | 5. Bottom Hole Lo Unit:D Lot:4 Feet from:330 Feet from:330 | Section:6 T | Fownship:16S N/S Line:N E/W Line:W | Range:38E | |
| | | | | | | 6. latitude: longitude: 32.965740993134 -103.193600595712 | | | | |
| | | | | | | 7. County: Lea | | 13 1.30 | | |
| 8. Operator Name and Address: BC OPERATING, INC P O Box 50820 Midland 79710 | 2. | | | | 9. OGRID: | 160825 | 10. Phone Num | nber: | 432-684-9696 | |
| 11. Last Fracture Date: 11/21/2013 Frac Performed by: Rising Star | | | | | | 12. Production Type: S | | | | |
| 13. Pool Code(s): 96127 | | | | | 14. Gross Fractured Interval: 5,200 ft to 6,850 ft | | | | | |
| 15. True Vertical Depth (TVD): 6,850 ft | | | | | 16. Total Volume of Fluid Pumped: 113,274 gals | | | | | |
| 17. Total Volume of Re-Use Water Pumped: 0 gals | | | | | 18. Percent of Re-Use Water in Fluid Pumped: % | | | | | |
| 19. HYDRAULIC FLUID C | COMPOSITION A | ND CONCENTRA | TION: | - | ** | S - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | | | | |
| Trade Name | Supplier | Purpose | Ingredients | (CAS #) Chemical Abstract Service # | | Maximum Ingredient Concentration in Additive (% by mass) | | Maximum Ingredient Concentration in HF Fluid (% by mass) | | |
| 25# Xlinked Gel | Rising Star | Proppant Carrier | | | | | 0% | 6 | 0% | |
| 8# Liner Gel Rising Star | | Flush | Flush | | | 0% | | 0% | | |
| 20. I, as Operator, hereby certify th | at the information show | n on this disclosure form i | is true and complete to the | e best of my knowl | edge and belie | ef. | | | | |
| Signature: Signed Electronically Printed Name: Pam Stevens | | | | | | Title: Regulatory Analyst | | | | |
| Date: 2/26/2014 | ate: 2/26/2014 | | | | | | | | | |
| E-mail Address: pstevens@ | bcoperating.com | | | MINE COLUMN | | | | | | |

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.