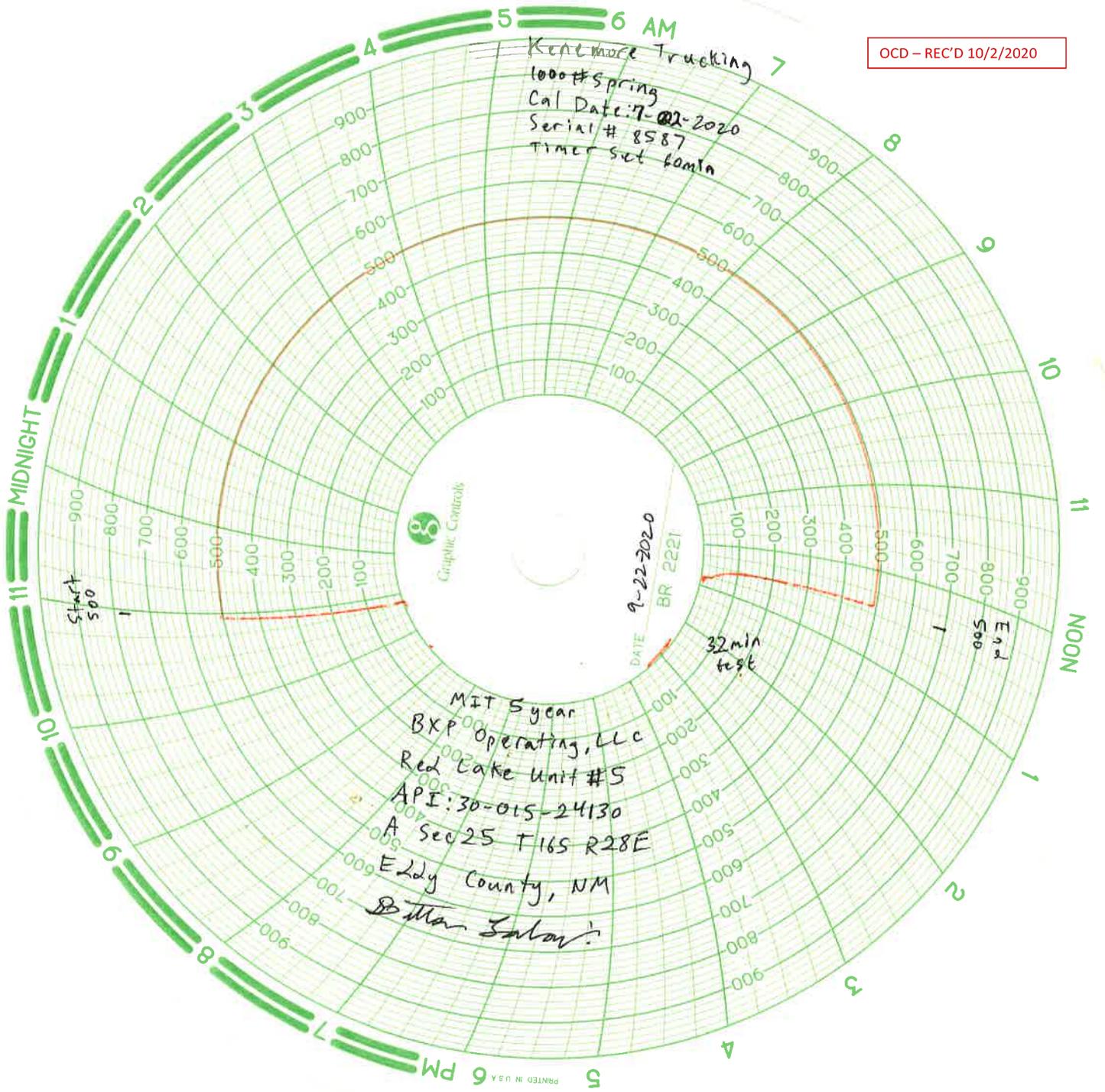


OCD - REC'D 10/2/2020

Keene more Trucking 7  
1000 # Spring  
Cal Date: 7-22-2020  
Serial # 8587  
Timer set 60min



MIT 5 year  
BXP Operating, LLC  
Red Lake Unit #5  
API: 30-015-24130  
A Sec 25 T165 R28E  
Eddy County, NM  
Billar Salow!

Start  
500

End  
500

32 min  
test

DATE 9-22-2020  
BR 2221



Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

Form with fields: WELL API NO. 30-015-24130, 5. Indicate Type of Lease STATE [ ] FEE [ ] FED [x], 6. State Oil & Gas Lease No., 7. Lease Name or Unit Agreement Name RED LAKE UNIT, 8. Well Number #5, 9. OGRID Number 329487, 10. Pool name or Wildcat RED LAKE; QUEEN-GRAYBURG, EAST, 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3692'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ] TEMPORARILY ABANDON [ ] CHANGE PLANS [ ] PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ] DOWNHOLE COMMINGLE [ ] CLOSED-LOOP SYSTEM [ ] OTHER: [ ]
SUBSEQUENT REPORT OF: REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] P AND A [ ] CASING/CEMENT JOB [ ] OTHER: 5 YEAR MIT TEST [x]

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

BXP Operating LLC, is respectfully submitting attached MIT Test results for the referenced well.

Test Date: 9-22-2020

Result: Pass

Accepted for record test not witnessed

Spud Date: [ ]

Rig Release Date: [ ]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE For [Signature] TITLE Production Supervisor DATE 10-2-2020

Type or print name M.Y. Merchant E-mail address: mymerch@penrocoil.com PHONE: 575-492-1236

For State Use Only

APPROVED BY: [ ] TITLE [ ] DATE [ ]

Conditions of Approval (if any):