

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

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-015-42730
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CASS 16 STATE
8. Well Number #1H
9. OGRID Number 160825
10. Pool name or Wildcat FOREHAND RANCH; WOLFCAMP (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,159' GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
BC OPERATING, INC.

3. Address of Operator P.O. BOX 50820  
MIDLAND, TX 79710

4. Well Location  
 Unit Letter A : 330 feet from the NORTH line and 240 feet from the EAST line  
 Section 16 Township 23S Range 27E NMPM EDDY County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

BC OPERATING, INC. RESPECTFULLY REQUESTS TO REMOVE THE 5-1/2" CASING STRING AND REPLACE IT WITH THE FOLLOWING:

PRODUCTION, 8.75" HOLE, 7" 26# P-110 CSG, SET TO 10,000', 2700 SACKS OF CMT, ESTIMATED TOC @ 1600'  
 LINER, 6.125" HOLE, 4.5" 13.5# P-110 CSG, SET TO 9,500' TO 14,543', 400 SACKS OF CMT, ESTIMATED TOC @ 9,500'

**NM OIL CONSERVATION**  
 ARTESIA DISTRICT  
 JUL 11 2016

Spud Date:

Rig Release Date:

**RECEIVED**

*RB Rev 7-27-16*

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

SIGNATURE *Sarah Presley* TITLE REGULATORY ANALYST DATE 7/8/2016

Type or print name SARAH PRESLEY E-mail address: SPRESLEY@BCOPERATING.COM PHONE: 432-684-9696

**For State Use Only**

APPROVED BY *Sarah Sharp* TITLE *Bus Op Spec Adv* DATE 7-28-16  
 Conditions of Approval (if any):