

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

CONSERVATION
ARTESIA DISTRICT
MAR 02 2017
RECEIVED

State of New Mexico
Energy, Minerals & Natural Resources Department
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office
 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-43964		² Pool Code 98220		³ Pool Name PURPLE SAGE; WOLFCAMP GAS	
⁴ Property Code		⁵ Property Name CAMPANA 3-2 STATE X			⁶ Well Number 1H
⁷ OGRID No. 160825		⁸ Operator Name B.C. OPERATING, INC.			⁹ Elevation 3291'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 1	3	T24S	R26E		330'	NORTH	240'	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 1	2	T24S	R26E		330'	NORTH	330'	EAST	EDDY

¹² Dedicated Acres 320.32	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<p>¹⁶ SECTION 34</p> <p>SECTION 3</p> <p>SHL 240'</p> <p>330'</p> <p>SECTION 35</p> <p>SECTION 2</p> <p>FIRST TAKE POINT</p> <p>LAST TAKE POINT/BHL</p> <p>PRODUCING AREA</p> <p>SECTION 1</p> <p>SECTION 10</p> <p>SECTION 11</p> <p>CORNER COORDINATES NAD 83, SPCS NM EAST A - X: 560190.00' / Y: 453981.18' B - X: 563511.48' / Y: 45600.66' C - X: 563488.24' / Y: 453390.95' D - X: 560166.00' / Y: 453399.90'</p>	<p>T-23-S</p> <p>330'</p>	<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p><i>Sarah Presley</i> 2.27.17 Signature Date</p> <p>SARAH PRESLEY Printed Name</p> <p>SPRESLEY@BCOPERATING.COM E-mail Address</p> <p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>SEPTEMBER 30, 2016 Date of Survey</p> <p>Signature and Seal of Professional Surveyor <i>Lloyd P. Short</i></p> <p>Certificate Number LLOYD P. SHORT 21653</p>	
	<p>330'</p> <p>330'</p> <p>330'</p> <p>330'</p>		<p>T-24-S</p> <p>330'</p>
	<p>SURFACE HOLE LOCATION 330' FNL 240' FEL NAD 83, SPCS NM EAST X:539946.92' / Y:453649.50' LAT:32.25264151N / LON:104.27313499W NAD 27, SPCS NM EAST X:518764.74' / Y:453591.33' LAT:32.25252957N / LON:104.27263394W</p>		<p>LAST TAKE POINT/BOTTOM HOLE LOCATION 330' FNL 330' FEL NAD 83, SPCS NM EAST X:563178.52' / Y:453678.81' LAT:32.25271290N / LON:104.25621159W NAD 27, SPCS NM EAST X:523996.29' / Y:453620.74' LAT:32.25259454N / LON:104.25571109W</p>
	<p>FIRST TAKE POINT 330' FNL 330' FVL NAD 83, SPCS NM EAST X:560516.97' / Y:453652.99' LAT:32.25285021N / LON:104.27129098W NAD 27, SPCS NM EAST X:519334.79' / Y:453595.83' LAT:32.25253222N / LON:104.27078999W</p>		<p>CORNER COORDINATES NAD 27, SPCS NM EAST A - X: 519007.83' / Y: 453923.22' B - X: 524329.25' / Y: 453952.57' C - X: 524305.97' / Y: 453332.92' D - X: 518983.78' / Y: 453342.00'</p>

Submit 1 Copy To Appropriate District Office
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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. 30-015-43964
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 CAMPANA 3-2 STATE X
8. Well Number 1H
9. OGRID Number 160825
10. Pool name or Wildcat BLACK RIVER; WOLFCAMP (GAS)

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 3 Township 24S Range 26E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <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 CHANGE THE POOL FOR THE SUBJECT WELL

FROM: BLACK RIVER; WOLFCAMP (GAS)
 TO: PURPLE SAGE; WOLFCAMP (GAS)

NM OIL & GAS DIVISION
 RECEIVED
 MAR 01 2017

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  TITLE REGULATORY ANALYST DATE 2.27.2017

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

APPROVED BY: Accepted For Record TITLE NMOCD DATE _____
 Conditions of Approval (if any): _____