

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection <input checked="" type="checkbox"/> SWD <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator BXP Operating, LLC 3. Address of Operator: 1515 Calle Sur. suite 174, Hobbs, NM 88240 4. Well Location Unit Letter _____ L _____ : _____ 1980 _____ feet from the _____ South _____ line and _____ 660 _____ feet from the _____ West _____ line Section 28 Township 17S Range 33E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4145' GR		WELL API NO. 30-025-01526 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/> 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT 8. Well Number #93 9. OGRID Number 329487 10. Pool name or Wildcat [43329] MALJAMAR;GRAYBURG-SAN ANDRES
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 5 YEAR MIT TEST <input checked="" type="checkbox"/>
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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: 3-5-2021

Result: Pass

Spud Date:

Rig Release Date:

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

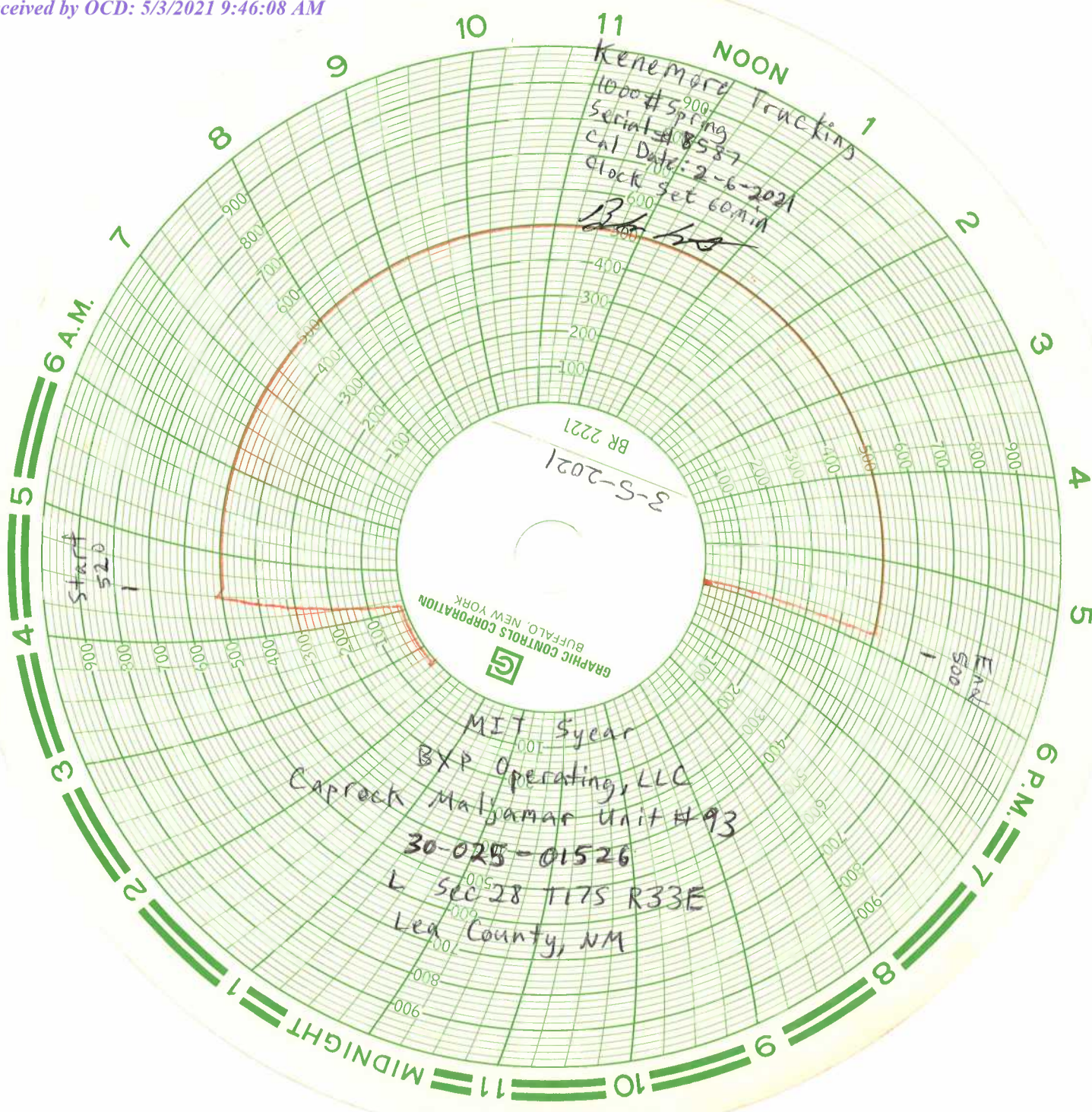
SIGNATURE  TITLE Production Supervisor DATE 4-19-2021

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

For State Use Only

APPROVED BY: Accepted for record – NMOCD gc 4/20/2022 DATE

Conditions of Approval (if any):



District I
1625 N. French Dr., Hobbs, NM 88240
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Santa Fe, NM 87505

CONDITIONS

Action 26606

CONDITIONS

Operator: BXP Operating, LLC 11757 KATY FREEWAY HOUSTON, TX 77079	OGRID: 329487
	Action Number: 26606
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/20/2022