

Submit 1 Copy To Appropriate District Office	State of Ne			Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-015-33843		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Le	ease	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South S		FEE FED 🛛		
District IV – (505) 476-3460				ase No.	
1220 S. St. Francis Dr., Santa Fe, NM					
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				East Shugart Delaware Unit	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					
1. Type of Well: Oil Well Gas Well Injection Other			8. Well Number #23		
2. Name of Operator BXP Operating, LLC			9. OGRID Number	9. OGRID Number 329487	
			10 D 1 XX	10 P 1 W/1J	
3. Address of Operator 1515 West Calle Sur. Suite 174 Hobbs, NM 88240			10. Pool name or Wildcat SHUGART; DELAWARE, EAST		
4. 77.117			SHOUAKI, DELAWA	ARE, EAST	
4. Well Location Unit Letter H: 2325 feet from the NORTH line and 275 feet from the					
EASTline	T	8S Range 31	IE NMPM I	EDDY County	
Section 24	Township 1 11. Elevation (Show wheth			SDB1 County	
	GL 3713'	, o, b, i, i, i, o, i, o			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	ATENTION TO:	SH	BSEQUENT REPOR	RT OF	
NOTICE OF INTENTION TO: SUBS				ERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL				ND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM	•		EVEAD MIT		
OTHER:	alatad amountions (Classic at	OTHER:	5 YEAR MIT		
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	v submitting attached MIT Tes	st results for the reference	ed well.		
Test Date: 9-1-2020					
Result: Pass	Accenta	d for record toot pot ;	uite a a a d		
Accepted for record test not witnessed NMOCD DS 10-20-2020					
	NINOOD	DO 10-20-2020			
		-			
Spud Date:	Rig Rele	ease Date:			
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I hereby certify that the information	above is true and complete to	the best of my knowled	ige and belief.		
SIGNATURE For 3 Mon Saloi TITLE Production Supervisor DATE 9-2-2020					
SIGNATURE FOR 3 MAN	TITLE_	Production Superv	isorDATE	9-2-2020	
Type or print nameM.Y. Merc	chant E-mail address	: mymerch@nenroc	oil.com PHONE:	575-492-1236	
For State Use Only					
	more =		TS A TENEN		
APPROVED BY: Conditions of Approval (if any):	TITLE_		DATE_		
Committons of rippioral (it ally).					