

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-0401
 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
RECEIVED
OCT 31 2016
ARTESIA DISTRICT
NM OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-015-42731
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 STERLING 20 STATE
8. Well Number 1H
9. OGRID Number 160825
10. Pool name or Wildcat FOREHAND RANCH; WOLFCAMP SOUTHWEST
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3179' 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 O : 240 feet from the SOUTH line and 1950 feet from the EAST line
 Section 17 Township 23 S Range 27 E NMPM EDDY County

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"/>	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 CHANGE THE CASING AND CEMENT PROGRAM THAT IS ON THE CURRENT DRILLING PERMIT TO THE INFORMATION LISTED BELOW:

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SURFACE	17.5"	13.375"	48#	400'	660	0'
INTERMEDIATE	12.25"	9.625"	36#	2,100'	850	0'
PRODUCTION	8.75"	7"	26#	10,000'	1,000	1,600'
LINER	6.125"	4.5"	13.5#	14,460'	440	9,200'

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 Sarah Presley TITLE REGULATORY ANALYST DATE 10.26.2016
 Type or print name SARAH PRESLEY E-mail address: SPRESLEY@BCOPERATING.COM PHONE: 432-684-9696
For State Use Only

APPROVED BY: Robert L Byrd TITLE COMPLIANCE OFFICER DATE 10/31/2016
 Conditions of Approval (if any):