

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

NM OIL CONSERVATION DIVISION
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED FEB 20

WELL API NO. 30-015-42998
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LACKEY 34 SWD
8. Well Number 1
9. OGRID Number 160825
10. Pool name or Wildcat SWD; CHERRY CANYON
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,344'

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 SWD [ ]
2. Name of Operator BC OPERATING, INC.
3. Address of Operator P.O. BOX 50820, MIDLAND, TX 79710
4. Well Location Unit Letter L : 2480 feet from the SOUTH line and 235 feet from the WEST line
Section 34 Township 23S Range 26E NMPM EDDY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,344'

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: SWD [X]

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.

1/26/2017 - RAN MIT TEST. 100 TBG PSI, 500 CSG PSI. RICHARD INGE OF THE NMOC D WITNESSED.

MISSING COMPLETION INFORMATION. PLEASE SUBMIT BEFORE INJECTION CAN OCCUR. SEE CLOS IN WELL FILE.

Spud Date: 12/15/2016

Rig Release Date: 12/21/2016

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

SIGNATURE [Signature] TITLE REGULATORY ANALYST DATE 2.20.2017
Type or print name SARAH PRESLEY E-mail address: SPRESLEY@BCOPERATING.COM PHONE: (432) 684-9696
For State Use Only

APPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE 2/28/17
Conditions of Approval (if any):