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 Fc, NM 87505

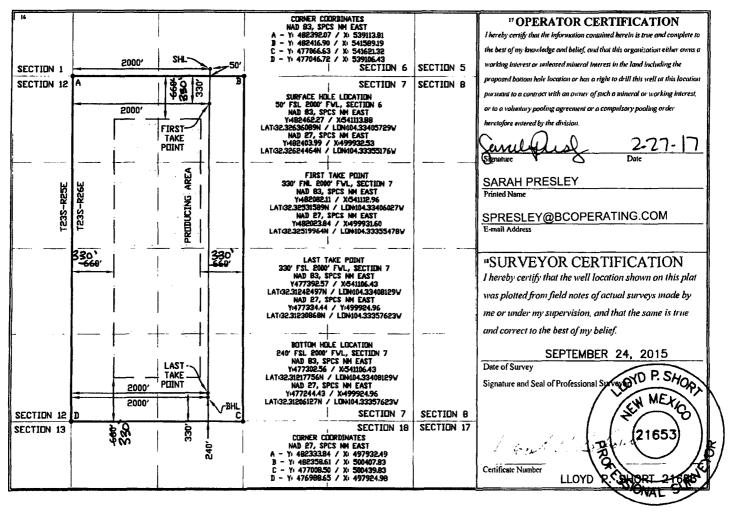
## CONSERVATIONNew Mexico Energy, Milierals & Natural Resources Department MAR OBLIGGENSERVATION DIVISION 1220 South St. Francis Dr. RECEIVEDSanta Fe, NM 87505

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

AMENDED REPORT

		W	ELL L	JCATION	N AND ACK	EAGE DEDIC	ATION PLAT			
<sup>1</sup> API Number				<sup>2</sup> Pool Code		<sup>3</sup> Pool Name				
30-015-43448				98220			PURPLE SAGE; WOLFCAMP GAS			
<sup>4</sup> Property Code		<sup>5</sup> Property Name					•1	<sup>6</sup> Well Number		
		MAN CAVE 7 STATE COM							2H	
<sup>7</sup> OGRID No.		<sup>8</sup> Operator Name							<sup>9</sup> Elevation	
160825		B.C. OPERATING, INC.						3424'		
					" Surface I	ocation				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
N	6	T23S	R26E		50'	SOUTH	2000'	WEST	EDDY	
			" Bo	ttom Hole	e 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	
N	7	T23S	R26E		240'	SOUTH	2000'	WEST	EDDY	
12 Dedicated Acres	s <sup>13</sup> Joint of	r Infill 4 Co	onsolidation	Code <sup>15</sup> Ord	ler No.					
~ <del>320.00</del>	317.3	36								

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.



NA

Phone: (505) 476-3460 Fax: (505) 476-3462

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Subirit 1 Copy To Appropriate District State of New Me								
District 1 – (575) 393-6161 Energy, Minerals and Natu	ral Resources Revised July 18, 2013 WELL API NO.							
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	20 015 42448							
District III = (575) 748-1285         OIL CONSERVATION           811 S. First St., Artesia, NM 88210         0IL CONSERVATION           District III = (505) 334-6178         1220 South St. Fram	5. Indicate Type of Lease							
1000 Rio Brazos Rd., Aztec, NM 87410	SIAIE A FEE							
<u>District IV</u> – (505) 476-3460 Salita FC, 1N1VI 67 1220 S. St. Francis Dr., Santa Fe, NM	505   6. State Oil & Gas Lease No.							
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name							
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	,							
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FC PROPOSALS.)	MAN CAVE 7 STATE COM							
1. Type of Well: Oil Well Gas Well Other	8. Well Number 2H							
2. Name of Operator	9. OGRID Number							
BC OPERATING, INC. 3. Address of Operator	160825 10. Pool name or Wildcat							
P.O. BOX 50820, MIDLAND, TX 79710	WC-015 S2326060; WC (GAS)							
4. Well Location								
Unit Letter <u>N</u> : <u>50</u> feet from the <u>SOUTH</u> line and <u>2000</u> feet from the <u>WEST</u> line								
	ange 26E NMPM EDDY County							
11. Elevation (Show whether DR,	RKB, RT, GR, etc.)							
12. Check Appropriate Box to Indicate N	ature of Notice. Report or Other Data							
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK D PLUG AND ABANDON								
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 🔲 TEMPORARILY ABANDON 🔲 CHANGE PLANS 🛛	REMEDIAL WORK     Image: Altering Casing Image: Altering Image: Altering Casing Image: A							
PULL OR ALTER CASING	CASING/CEMENT JOB							
CLOSED-LOOP SYSTEM	OTHER:							
13. Describe proposed or completed operations. (Clearly state all p	pertinent details, and give pertinent dates, including estimated date							
of starting any proposed work). SEE RULE 19.15.7.14 NMAC	C. For Multiple Completions: Attach wellbore diagram of							
proposed completion or recompletion.								
BC OPERATING, INC. RESPECTULLY REQUESTS TO CH	IANGE THE POOL FOR THE SUBJECT WELL							
FROM: WC-015 S2326060; WC (GAS)	NET OF CONSTRUCTOR							
TO: PURPLE SAGE; WOLFCAMP (GAS)	AN EXTERNET							
	MAR 0 1 2017							
	,							
Spud Date: Rig Release Da	te:							
I hereby certify that the information above is true and complete to the be	est of my knowledge and belief.							
SIGNATURE Savalutus TITLE REGI	ULATORY ANALYST DATE 2.27.2017							
Type or print name <u>SARAH PRESLEY</u> E-mail address For State Use Only	: <u>SPRESLEY@BCOPERATING.COM</u> PHONE: <u>432-684-9696</u>							
Accepted For Record								
APPROVED BY:NMOCDTITLE	DATE							
Conditions of Approval (if any):								

- -----