NE CIL CONSERVATION

ARTESIA DISTRICT

OIL CONSER 320 acre gas spacing as provided by Division

1220 Sout increase spacing as Provided Santa Ferriles

Santa Ferriles State of New having less than 320 dedicated the stan MARTHER William applicated wells having less than 320 dedicated the stan MARTHER WILLIAM AND INCREASE SPACING Applications of the stan applications of the standard of the standard

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



Phone: (505) 334-6178 Fax: (505) 334-6170 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

1000 Rio Brazos Road, Aztec, NM 87410

1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720

District 1

District II

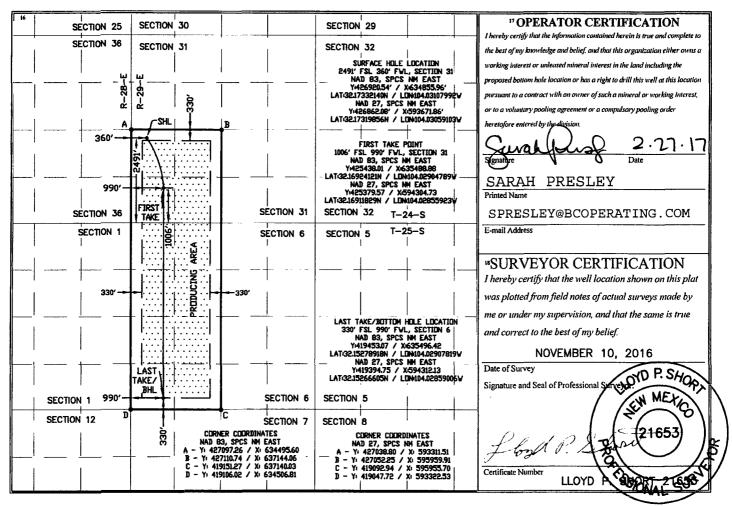
District III

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 2 Pool Code		³ Pool Name			
30-015-43961	98220	PURPLE	SAGE;	WOLF	CAMP GAS
⁴ Property Code	⁵ Property Name				⁶ Well Number
	SWEET	TEA 6 STATE B			l 1H
⁷ OGRID No.	8 Operator Name			⁹ Elevation	
160825	B.C. OPERATING, INC.			2921	

Surface Location UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 31 **R29E** 2491 SOUTH 3 T24S 360 WEST **EDDY** "Bottom Hole Location If Different From Surface UL or lot no. Feet from the Section Township Range North/South line East/West line Feet from the County WEST **R29E** 990 T25S 330 SOUTH **EDDY** 12 Dedicated Acres ¹³ Joint or Infill ¹⁴ Consolidation Code 15 Order No. 475.67

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.



Submit 1 Copy To Appropriate District	State of New Me	exico	Form C-103				
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.				
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-43961				
District III - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.				
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Sunta 1 0, 1111 0 7	505	6. State Off & Gas Lease No.				
87505							
i	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name				
\	SALS TO DRILL OR TO DEEPEN OR PLU CATION FOR PERMIT" (FORM C-101) FO		CAMERT TRACTABLE D				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SWEET TEA STATE B 8. Well Number 1H				
1. Type of Well: Oil Well	Gas Well 🛛 Other						
2. Name of Operator			9. OGRID Number 160825				
	BC OPERATING, INC.						
3. Address of Operator P.O. BOX 50820, MIDLAND, TX	70710		10. Pool name or Wildcat WC; SALT DRAW; WOLFCAMP (G)				
		we, sali bkaw, woli cawi (d)					
4. Well Location	0.404		co c c d wrong				
Unit Letter LOT 3 :	2491 feet from the SOUTH		feet from the <u>WEST</u> line				
Section 31		Range 29E	NMPM EDDY County				
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.,					
10 01 1	A	CNI	D 4 04 D 4				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK							
TEMPORARILY ABANDON	PLUG AND ABANDON ☐ CHANGE PLANS	REMEDIAL WOR					
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT					
DOWNHOLE COMMINGLE		or toll tor ozillizit					
CLOSED-LOOP SYSTEM							
OTHER:		OTHER:					
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 rec	completion.						
BC OPERATING, INC. RESPECTULLY REQUESTS TO CHANGE THE POOL FOR THE SUBJECT WELL							
FROM: WC; SALT DRA	W; WOLFCAMP (G)						
TO: PURPLE SAGE; WOLFCAMP (GAS)							
	ARTESIA DISTRICT						
			MAR 0 1 2017				
			RECEIVED				
Cond Date	Die Delese De						
Spud Date:	Rig Release Da	ite:					
							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
\sim							
SIGNATURE Saval	TITLE REG	ULATORY ANAL	YST DATE 2.27.2017				
Type or print name SARAH PRESLEY E-mail address: SPRESLEY@BCOPERATING.COM PHONE: 432-684-9696 For State Use Only Accepted For Record							
Tor State Osc Only							
	MOCD		DATE				
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE				
commissions of ripproving (in unit).							