District.1
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 Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

## Energy, Minerals & Natural Resources Department MAROIL CONSERVATION DIVISION 1220 South St. Francis Dr. RECEIVED 125 Natural Resources Department 1270 South St. Francis Dr. RECEIVED 125 Natural Resources Department

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

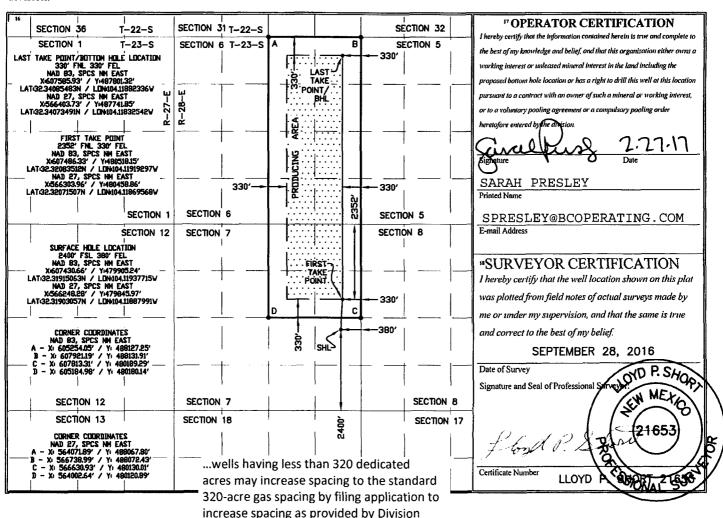


WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number	<sup>2</sup> Pool Code <sup>3</sup> Pool Name		ame	
30-015-43963	98220	PURPLE SAGE; WOLFCAMP GAS		
<sup>4</sup> Property Code	<sup>5</sup> Property	Name	<sup>6</sup> Well Number	
1	MAXIMUS 7	'-6 FEE X	4H	
<sup>7</sup> OGRID No.	<sup>8</sup> Operator Name		<sup>9</sup> Elevation	
160825	B.C. OPERA	TING, INC.	303 <u>6′</u>	

Surface Location UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 7 **T23S R28E** 2400' SOUTH 380 EAST EDDY "Bottom Hole 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 **T23S** R28E 330′ NORTH 330' EAST EDDY 12 Dedicated Acres <sup>13</sup> Joint or Infill 14 Consolidation Code 15 Order No. 479.40

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.



rules...

Subilit 1 Copy To Appropriate District	State of New M	Mexico	Form (	C-103
Office District I (575) 303 6161	Energy, Minerals and Natural Resources		Revised July 18	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, winicials and The	atarar resources	WELL API NO.	
District II - (575) 748-1283	OIL CONSERVATION	N DIVISION	30-015-43963	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Fr		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	8/303	6. State Oil & Gas Lease No.	
87505				
	ICES AND REPORTS ON WEL		7. Lease Name or Unit Agreement N	ame
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI				
PROPOSALS.)	CATION FOR FERMIT (FORM C-101)	) FOR SUCH	MAXIMUS 7-6 FEE X	
1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number 4H	
2. Name of Operator			9. OGRID Number	
BC OPERATING, INC.			160825	
3. Address of Operator	<b>3051</b> 0		10. Pool name or Wildcat	
P.O. BOX 50820, MIDLAND, TX	79710		FOREHAND RANCH; WOLFCAMP (G	iAS)
4. Well Location				
Unit Letter 1 :	feet from theSOI	<u>JTH</u> line and 3	feet from the <u>EAST</u>	line
Section 7		Range 28E	NMPM EDDY County	
	11. Elevation (Show whether I	OR, RKB, RT, GR, etc.,		
12. Check A	Appropriate Box to Indicate	Nature of Notice,	Report or Other Data	
NOTICE OF IN	ITENITION TO	1 0110	OFOLIENT DEDODE OF	
NOTICE OF IN		1	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		G
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		L
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM	-	OTUED		_
OTHER:	loted anamations (Classic states	OTHER:	d give pertinent dates, including estima	ل ا
			mpletions: Attach wellbore diagram of	
proposed completion or rec		Ac. For Multiple Co.	inpletions. Attach welloofe diagram of	
proposed completion of re-	empletion.			
BC OPERATING, INC. R	ESPECTULLY REQUESTS TO	CHANGE THE POO	L FOR THE SUBJECT WELL	
	NCH; WOLFCAMP (GAS)	ain.J. a	L GOUSERVATION	
TO: PURPLE SAGE; WO	LFCAMP (GAS)	9/3868	ATESIA DISTRICT	
			MAR 0 1 2017	
			FEENED	
			·	
		· · · · · · · · · · · · · · · · · · ·		
Spud Date:	Rig Release	Date:		
hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.	
		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
0 1	) (			
SIGNATURE COVULT		EGULATORY ANAL	<u>YST</u> DATE <u>2.27.2017</u>	
2_4				
Type or print name <u>SARAH PRE</u>	SLEY E-mail addr	ess: <u>SPRESLEY@BC</u>	OPERATING.COM PHONE: 432-684	<u> 1-969</u>
For State Use Only				
Accen	ted For Record			
HIROVED DI.	TITLE		DATE	
Conditions of Approval (if any):	NMOCD TILL			