

Submit 1 Copy To Appropriate District Office
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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection <input checked="" type="checkbox"/> SWD <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator BXP Operating, LLC 3. Address of Operator: 1515 Calle Sur. suite 174, Hobbs, NM 88240 4. Well Location Unit Letter <u> O </u> : <u> 660 </u> feet from the <u> SOUTH </u> line and <u> 1880 </u> feet from the <u> EAST </u> line Section <u> 32 </u> Township <u> 24S </u> Range <u> 37E </u> NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		WELL API NO. 30-025-24479 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input checked="" type="checkbox"/> 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT 8. Well Number #24 9. OGRID Number 329487 10. Pool name or Wildcat [37240] LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
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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 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: 5 YEAR MIT TEST <input checked="" 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.

BXP Operating LLC, is respectfully submitting attached MIT Test results for the referenced well.

Test Date: 4-1-2021

Result: Pass

Spud Date:

Rig Release Date:

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

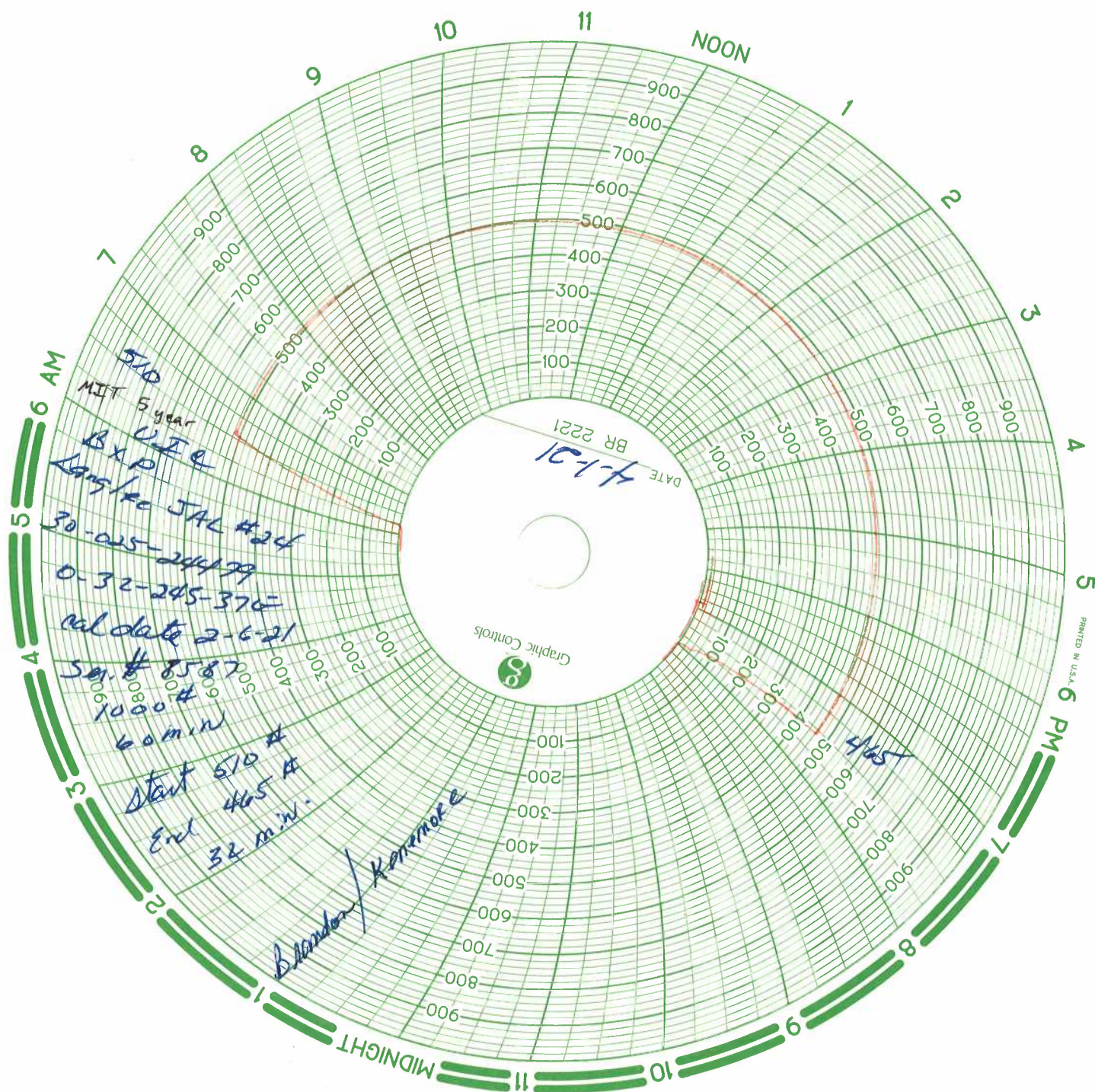
SIGNATURE  TITLE Production Supervisor DATE 4-20-2021

Type or print name M.Y. Merchant E-mail address: mymerch@penrocoil.com PHONE: 575-492-1236

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



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Santa Fe, NM 87505

CONDITIONS

Action 26590

CONDITIONS

Operator: BXP Operating, LLC 11757 KATY FREEWAY HOUSTON, TX 77079	OGRID: 329487
	Action Number: 26590
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/20/2022