

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

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

Form C-103
 Revised July 18, 2013

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.)		WELL API NO. 30-025-23885
1. Type of Well: Oil Well <input type="checkbox"/> <input checked="" type="checkbox"/> INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BXP OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1515 W CALLE SUR SUITE 174 , HOBBS NEW MEXICO 88240		7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT
4. Well Location Unit Letter <u> N </u> : <u> 660 </u> feet from the <u> S </u> line and <u> 1980 </u> feet from the <u> NORTH </u> line Section <u> 05 </u> Township <u> 25S </u> Range <u> 37E </u> NMPM County <u> LEA </u>		8. Well Number # 65
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 329487
10. Pool name or Wildcat LANGLIE MATTIX:7RVRS:-Q-GRAYBURG		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <input 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

MIRU UNFLANGE WELL POOH W/ TBG & PACKER
 RIH TEST TBG CHANGE OUT PACKER FLANGE UP WELL PERFORM MIT TEST

Spud Date:

Rig Release Date:

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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

SIGNATURE Ryan L Martin TITLE AGENT DATE 10.20.23

Type or print name RYAN MARTIN E-mail address: MYMERCH@PENROCOIL.COM PHONE: 575-492-1236

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/8/23

Conditions of Approval (if any):

Langlie Jal Unit #65

11/8/23

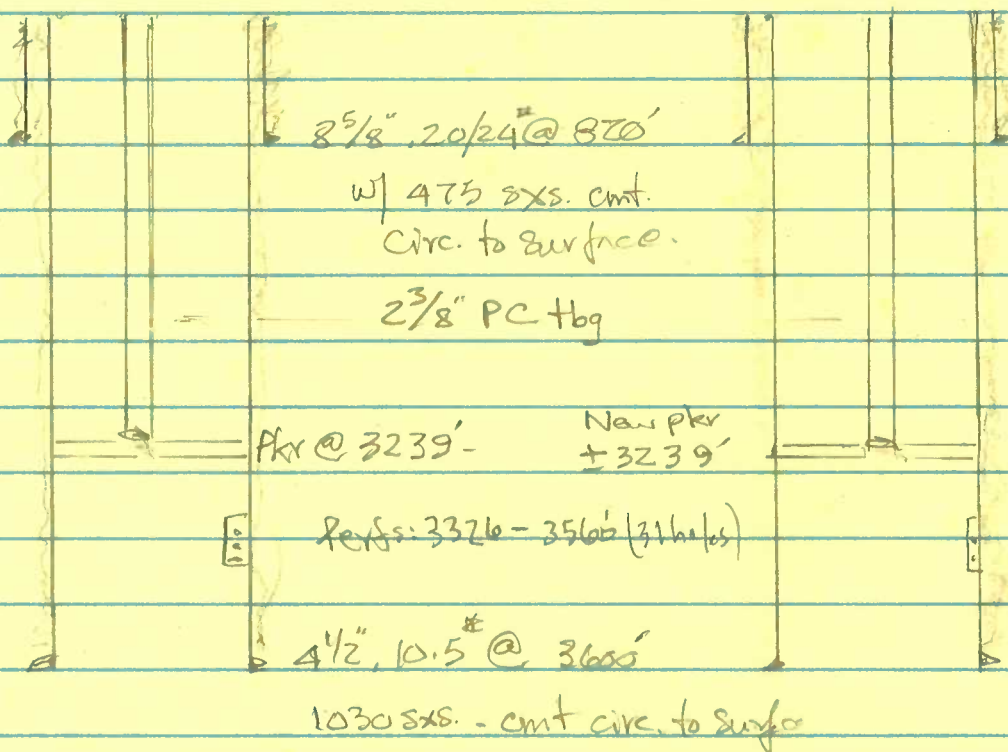
N-Sec. 5, T25 S, R37 E

CURRENT

Lea County, NM

PROPOSED.

30-025-23885



Replace any bad tubing & run new packer - Plastic Coated
 MIT per NM OCD regulations.

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CONDITIONS

Action 283425

CONDITIONS

Operator: BXP Operating, LLC 11757 KATY FREEWAY HOUSTON, TX 77079	OGRID: 329487
	Action Number: 283425
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
kfortner	Run PWOT MIT/BHT	11/8/2023