



Santa Fe Main Office  
Phone: (505) 476-3441  
General Information  
Phone: (505) 629-6116

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/> Other <input type="checkbox"/>		WELL API NO. <b>30-025-0973</b>
2. Name of Operator <b>BCE-Mach III LLC</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator <b>14201 Wireless Way, Suite 300, Oklahoma City, OK</b>		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>G</b> : <b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line Section <b>10</b> Township <b>25S</b> Range <b>37E</b> NMPM County <b>LEA</b>		7. Lease Name or Unit Agreement Name <b>STUART LANGLIE MATTIX UNIT</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number <b>117</b>
9. OGRID Number <b>333695</b>		10. Pool name or Wildcat <b>LANGLIE MATTIX; 7 RVRS; QUEEN</b>

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <b>MIT</b> <input checked="" type="checkbox"/>
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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.

CHART ATTACHED

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 Karen Davis TITLE Regulatory Analyst DATE 12/10/2025

Type or print name Karen Davis E-mail address: karen.davis@machnr.com PHONE: 432-209-482 6

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

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CONDITIONS

Action 533751

CONDITIONS

Operator: BCE-Mach III LLC 14201 Wireless Way, STE 300 Oklahoma City, OK 73134	OGRID: 333695
	Action Number: 533751
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	1/23/2026