



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

|   |  |  |
|---|--|--|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>(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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator<br/>BCE-Mach III LLC</p> <p>3. Address of Operator<br/>14201 Wireless Way, Suite 300, Oklahoma City, OK</p> <p>4. Well Location<br/>Unit Letter <u>C</u> : <u>100</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>WEST</u> line<br/>Section <u>10</u> Township <u>25-S</u> Range <u>37E</u> NMPM County <u>LEA</u></p> |  | <p>WELL API NO.<br/>30-025-2277</p> <p>5. Indicate Type of Lease<br/>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.<br/>24695</p> <p>7. Lease Name or Unit Agreement Name<br/>STUART LANGLIE MATTIX UNIT</p> <p>8. Well Number <u>125</u></p> <p>9. OGRID Number<br/>333695</p> <p>10. Pool name or Wildcat<br/>LANGLIE MATTIX;7 RVRs; QUEEN</p> |
| <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br/>3133' GR</p>  |  |  |

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

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

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 533753

CONDITIONS

|   |  |
|---|--|
| Operator:<br>BCE-Mach III LLC<br>14201 Wireless Way, STE 300<br>Oklahoma City, OK 73134 | OGRID:<br>333695                                     |
|   | Action Number:<br>533753                             |
|   | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

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