



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. 30-015-36772
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BXP Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1515 West Calle Sur. Suite 174 Hobbs, NM 88240		7. Lease Name or Unit Agreement Name WLH G4S UNIT
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>860</u> feet from the <u>EAST</u> line Section <u>11</u> Township <u>18S</u> Range <u>29E</u> NMPM <u>EDDY</u> County		8. Well Number #32
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3516'		9. OGRID Number 329487
		10. Pool name or Wildcat LOCO HILLS; QU-GB-SA

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: 5 YEAR MIT TEST ☒

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: 9-16-2020

Result: Pass

Accepted for record test not witnessed
NMOCD DS 10-20-2020

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 For Bille Smith TITLE Production Supervisor DATE 10-2-2020

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):