## NMOCD - REC'D 11/16/2020 copy #2

copy #2				
Submit One Copy To Appropriate District Office	State of New M		Form C-1	
<u>District I</u>	Energy, Minerals and Nat	ural Resources	Revised November 3, 20 WELL API NO.	011
1625 N. French Dr., Hobbs, NM 88240 District II		30-015-20573		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE	
District IV Santa Fe, NM 87505  1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. K6290		
87505				
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name	е	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			GRACE CARLSBAD	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other			8. Well Number 1	
2. Name of Operator			9. OGRID Number	
BC OPERATING, INC.			160825	
3. Address of Operator			10. Pool name or Wildcat	
PO BOX 50820 MIDLAND, TX 79710			CARLSBAD CANYON, SOUTH (GAS)	)
4. Well Location	41 - COLUMN 1: 1 660 £	Co 41 T A CT 1:		
Unit Letter I: 1980 feet from the SOUTH line and 660 feet from the EAST line  Section 36 Township 22S Range 26E NMPM County EDDY				
	Elevation (Show whether DI			
3208' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
I control of the cont	G AND ABANDON □	REMEDIAL WOR		ا ا
	NGE PLANS	COMMENCE DRI	<del>_</del>	_
PULL OR ALTER CASING   MUL	TIPLE COMPL	CASING/CEMEN	T JOB	
OTHER:	П	✓ Location is re	eady for OCD inspection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
<u>PERMANENTLY STAMPED ON THE MARKER'S SURFACE.</u> Well information must be welded on DHM (no plate				
	v as possible to original gro			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.  Meter house / meter run not removed				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.  Risers not removed - flow line not removed  All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)  Trash not removed  All other environmental concerns have been addressed as per OCD rules.				
All other environmental concerns have been addressed as per OCD rules.  Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
location, except for utility's distribution in	rastructure.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE Man Way	TITLE V	P OF ENGINEERI	NG & OPERATIONS DATE 9/28/2020	)
100			<del></del>	
TYPE OR PRINT NAMEJASON V	/ACKERE-MAIL: _	jwacker@bcoper	rating.com PHONE:432-684-9696_	-
For State Use Only				
APPROVED BY:	DENIED		DATE gc 11/18/2	020