

Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013			
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 1220 S. A. C. Francia Dr.			WELL API NO.			
			30-015-25557 5. Indicate Type of Lease			
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	1220 South St. Francis Dr. Santa Fe, NM 87505			STATE FEE FED 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO D DIFFERENT RESERVOIR. USE "APPLICATION FO	7. Lease Name or Unit Agreement Name RED LAKE UNIT 8. Well Number #9					
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	8. Well Number #9					
2. Name of Operator BXP Operating, LL	9. OGRID Number	329487				
3. Address of Operator 1515 West Calle Sur	10. Pool name or Wildcat RED LAKE; QUEEN-GRAYBURG, EAST					
4. Well Location Unit Letter E: 2310 feet from the NORTH line and 330 feet from the						
Unit Letter E : 2310 feet from the NORTH line and 330 feet from the WEST line						
Section 30	Township 16S	Range 29E	NMPM	EDDY Co	unty	
11. Elev GL 369	vation (Show whether DI 2'	R, RKB, R1, GR, etc.)				
12 Chaole Ammondi	ata Day ta Indianta N	Notice	Penort or Other D	ata		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			< □ A	LTERING CASING		
	E PLANS PLE COMPL	COMMENCE DRII	_	AND A		
DOWNHOLE COMMINGLE			_			
CLOSED-LOOP SYSTEM OTHER:		OTHER:	5 YEAR MI		\boxtimes	
13. Describe proposed or completed oper of starting any proposed work). SEE	RULE 19.15.7.14 NMA	pertinent details, and C. For Multiple Con	l give pertinent dates, npletions: Attach wel	including estimated lbore diagram of	I date	
proposed completion or recompletion						
BXP Operating LLC, is respectfully submitting	g attached MIT Test resu	ilts for the referenced	well.			
Test Date: 9-22-2020						
Result: Pass						
Accepted for record test not witnessed						
	1			7		
Spud Date:	Rig Release D	ate:		_		
I hereby certify that the information above is tr	ue and complete to the b	est of my knowledge	and belief.			
SIGNATURE FOR DILLON Soln:	TITLE	Production Superviso	rDATE_	10-2-2020	_	
Type or print nameM.Y. Merchant For State Use Only	E-mail address:	mymerch@penrocoil	.com PHONE	E:575-492-1236_		
APPROVED BY:Conditions of Approval (if any):	TITLE		DATI	3		