

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural</b> <b>Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 182833 <hr/> WELL API NUMBER 30-015-41392 <hr/> 5. Indicate Type of Lease S <hr/> 6. State Oil & Gas Lease No.  <hr/> 7. Lease Name or Unit Agreement Name PLU BIG SINKS 2 25 30 STATE
<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: O		8. Well Number 003H
2. Name of Operator BOPCO, L.P.		9. OGRID Number 260737
3. Address of Operator 6 Desta Drive Ste 3700, P. O. Box 2760, Midland, TX 79702		10. Pool name or Wildcat
4. Well Location Unit Letter <u>N</u> : <u>50</u> feet from the <u>S</u> line and feet <u>1980</u> from the <u>W</u> line Section <u>2</u> Township <u>25S</u> Range <u>30E</u> NMPM County <u>Eddy</u>		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3361 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: _____ Other: Perforations/Tubing <input checked="" type="checkbox"/>		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. See Attached		
<b>Perforations</b> <b>Pool: WILDCAT G-06 S2530020; BONE SPRING, 97913 Location: C -2-25S-30E 50 N 1980 W</b>		
TOP	BOT	Open Hole
Shots/ft	Shot Size	Material
Stimulation	Amount	
<b>Tubing</b> <b>WILDCAT G-06 S2530020; BONE SPRING, 97913</b>		
Tubing Size	Type	Depth Set
2.875	L80	9832
Packer Set	9832	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE	TITLE	DATE
Type or print name	E-mail address	Telephone No.
<b>For State Use Only</b> APPROVED BY: <u>[Signature]</u> TITLE <u>Dist. Supervisor</u> DATE <u>5/20/14</u>		