Submit 1 Copy To Appropriate District Office District I – (575) 393 ON OIL CONSERVATION 1625 N. French Dr., Hobbs, NAPSE240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88240 R 1 3 2015OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.		Form C-103
		Revised July 18, 2013
		WELL API NO.
		30-015-42689 5. Indicate Type of Lease
		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 RECEIVED Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Black River 10 State Com
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1H
2. Name of Operator		9. OGRID Number 160825
BC Operating, Inc.		10. Pool name or Wildcat
3. Address of Operator P.O. Box 50820, Midland, Texas 79710		Black River; Wolfcamp East 97442
4. Well Location		State River, Westernia Base 37 112
Unit Letter A: 240 feet from the N line and 360 feet from the E line		
Section 15 Township 24S Range 27E NMPM Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3181'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL		_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB □		
DOWNHOLE COMMINGLE		
CLOSED-LOOP-SYSTEM		
OTHER: OT		
of starting any proposed work) SEE RULE 19.15.7.14 NMAC. For Multiple Completions. Attach wellhore diagram of		
proposed completion or recompletion.		
Change/Deepen 12-1/4" hole from 3100' to 5650'. Set 9-5/8" 40# HCL-80 LTC casing at 5650'. Cement to surface in two stages with		
a total cement volume of class C cement and additives of 2000 sach	AS (100% excess).	
Could Date:	na Data:	
Spud Date: Rig Releas	se Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Control of the contro		
Sustantia O minerator active et Santa et al. 2000 al. 100 al.		
SIGNATURE tam Stiller TITLE Kearlatory Malyst DATE 4/9/15		
Type or print name fam Stevens E-mail address: Pstevens beginning com PHONE: 432-484-9696		
For State Use Only		
APPROVED BY: TITLE		DATE
Conditions of Approval (if any):		