Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

5. Lease Serial No. NM 0426782

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

				1		
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well						
✓ Oil Well Gas Well Other				Well Name and No. Mary Federal #1		
2. Name of Operator BC Operating, Inc.				9. API Well No. 30-015-20785		
3a. Address	3b. Phone No. (include area code) 432-684-9696		10. Field and Pool or Exploratory Area Sheep Draw; Strawn (Gas)			
P.O. Box 50820 Midland, Texas 79710						
4. Location of Well (Footage, Sec., T.			11. County or Parish, State			
1924' FNL & 651' FEL, Unit 'H', Section 11, T-23S, R-25E				Eddy County, New Mexico		
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICATE NATU	JRE OF NOTIO	CE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION			TYPE OF ACT	NOI		
Notice of Intent	Acidize	Deepen Deepen	Prod	uction (Start/Resume)	☐ Water Shut-Off	
Trouble of Intern	Alter Casing	Fracture Treat	Recl	amation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	✓ Reco	mplete	Other	
	Change Plans	Plug and Abandon	Tem	porarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Wate	er Disposal		
testing has been completed. Final determined that the site is ready for 05/06/2015: Set CIBP @ 9120' 05/07/2015: Fraced Wolfcamp (90	or final inspection.)			CL. 145 bbls Slickwa	ater. 129 bbls 20# XL.	
. ,	Ju - 9030') W/78,460 lbs 30	u/50 resin coated sand, 144	I DDIS 15% FIC	L, 145 ODIS SIICKWA	ter, 129 bbis 20# XL.	
05/14/2015: Put well on pump.					NIM OIL CONSERVATION	
08/25/2015: Drilled out CIBP @ 91					NM OIL CONSERVATION	
08/26/2015: Drilled out CIBP @ 93	90 & cleaned out to 9650'	Submit Co	mpletion	report for the	WolfcamppR 18 2010	
09/28/2015: Put well on pump.		completion	۱.		RECEIVED	
14. I hereby certify that the foregoing is	Accepted f	CDAB 4 21 16	_	\bigcap		
Pam Stevens	inde and correct. Name (Filme	į	latory Analyst/	/ /		
ram Stevens				/ <u> </u>	# = 1	
Signature Pam Attu	uns)	Date 03/03	3/2016 ACC	EPTED FOR	/RECORD //	
	THIS SPACE	FOR FEDERAL OR	STATE OF	FICE USE	X Vh /	
Approved by				Ain d	1010 / ag///	
,		Title	\	Jun 1	nate W/// //	
Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conduct operations	title to those rights in the subject thereon.	ct lease which would Office		CARLSBAD FIELD		
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr			y and willfully	o make to any departme	ent or agency of the United States any fals	
(Instructions on page 2)				<u> </u>	———V	