

District I - (575) 393-6111  
1625 N. French Dr., Hobbs, NM 88248

District II - (575) 748-1283  
811 S. First St., Artesia, NM 88203

District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

SEP 29 2016

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-42659
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Macho Grande State
8. Well Number 2H
9. OGRID Number 160825
10. Pool name or Wildcat WC-015 G07 S232932A; UPPER WOLFCAMP

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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: Oil Well  Gas Well  Other

2. Name of Operator  
BC OPERATING, INC.

3. Address of Operator  
P.O. BOX 50820, MIDLAND, TX 79710

4. Well Location  
Unit Letter A : 200 feet from the NORTH line and 700 feet from the EAST line  
Section 32 Township 23S Range 29E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3014' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: COMPLETION <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/8/2015 - TEST CASING TO 4500 PSI FOR 30 MINS. - OK?

6/7/2016 TO 8/1/2016 - FRAC WELL

8/6/2016 - CLEAN OUT W/ COIL TUBING TO 15,197' *Ran tbq?*

8/9/2016 - COMMENCED FLOWBACK. WELL ON PRODUCTION.

Spud Date: 1/7/2015

Rig Release Date: 2/27/2015

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Presley TITLE REGULATORY ANALYST DATE 9/15/2016

Type or print name SARAH PRESLEY E-mail address: spreslsarah ey@naguss.com PHONE: (432) 682-4429

**For State Use Only**  
APPROVED BY: Karen Sharp TITLE Bus Oper Spec-Adv DATE 10-5-16  
Conditions of Approval (if any): amend to include tbq data