NE ONSERVATION

District I 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax; (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 <u>District III</u> 1000 Rio Brazos Road, Aztee, NM 87410

1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 <u>District IV</u>

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 ARTESIA CONTRICT
State of New Mexico

MAEnergy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PECEIVED 1220 South St. Francis Dr.

Santa Fe, NM 87505

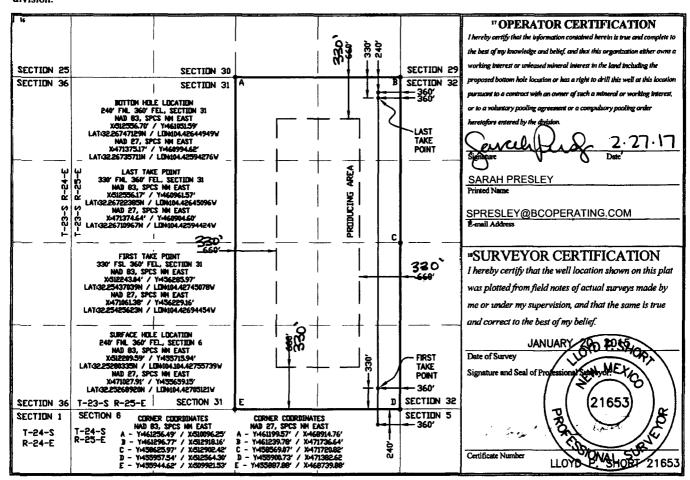
Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number				² Pool Code		³ Pool Name				
30-015-42999			98220 PURPLE SAGE; WOLFC							
⁴ Property Code		⁵ Property Name						· v	Well Number	
		CAVEGIRL 31 STATE							1H	
⁷ OGRID №.		⁶ Operator Name							⁵ Elevation	
160825		B.C. OPERATING, INC.						İ	3843′	
					» Surface I	ocation				
UL or lot no.	Section	Towaship	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
Α	6	T24S	R25E		240′	NORTH	360′	EAST	EDDY	
			"Bo	ttom Ho	le Location If	Different From	Surface			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
Α	31	T23S	R25E		240'	NORTH	360′	EAST	EDDY	
12 Dedicated Acres	13 Joint of	r Infill 14 (Consolidation	Code 15 O	rder No.					
320.00	1			1						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



Subrit 1 Copy To Appropriate District Office State of New Mexico	Form C-103 urces Revised July 18, 2013										
District I – (575) 393-6161 Energy, Minerals and Natural Reso 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.										
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVIS	ION 30-015-42999 5. Indicate Type of Lease										
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE FEE										
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.										
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 OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	CAVEGIRL 31 STATE										
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other	8. Well Number 1H										
2. Name of Operator	9. OGRID Number										
BC OPERATING, INC. 3. Address of Operator	160825 10. Pool name or Wildcat										
P.O. BOX 50820, MIDLAND, TX 79710	CROOKED CREEK; WOLFCAMP EAST										
4. Well Location Unit Letter A: 240 feet from the NORTH line and 360 feet from the EAST line											
Section 6 Township 24S Range 25											
11. Elevation (Show whether DR, RKB, RT	T, GR, etc.)										
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data											
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:											
-	DIAL WORK ALTERING CASING DENCE DRILLING OPNS. P AND A										
-	B/CEMENT JOB										
DOWNHOLE COMMINGLE	-										
CLOSED-LOOP SYSTEM	:										
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.											
proposed compression or recomplession.											
BC OPERATING, INC. RESPECTULLY REQUESTS TO CHANGE 1	THE POOL FOR THE SUBJECT WELL										
FROM: CROOKED CREEK; WOLFCAMP EAST											
TO: PURPLE SAGE; WOLFCAMP (GAS)	THE ON CONCESSION										
	NM OIL CONSERVATION ARTESIA DISTRICT										
	MAR 0 1 2017										
	RECEIVED										
Spud Date: Rig Release Date:											
Tag resease 2 are											
I hereby certify that the information above is true and complete to the best of my knowledge and belief.											
Thereby certify that the information above is true and complete to the best of my knowledge and belief.											
SIGNATURE TITLE REGULATORY ANALYST DATE 2.27.2017											
Type or print name <u>SARAH PRESLEY</u> E-mail address: <u>SPRES</u> For State Use Only	LEY@BCOPERATING.COM PHONE: 432-684-9696										
APPROVED BY: ^ ^ CONTECT FOR Record.E	DATE										
Conditions of Approval (if any):											