

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
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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MAR 07 2017
CONSERVATION
ARTESIA DISTRICT
State of New Mexico
Energy Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
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 30-015-43019	² Pool Code 98220	³ Pool Name PURPLE SAGE; WOLFCAMP GAS
⁴ Property Code	⁵ Property Name ROCK TANK 9-4 STATE COM	⁶ Well Number 1H
⁷ OGRID No. 160825	⁸ Operator Name B.C. OPERATING, INC.	⁹ Elevation 3720'

¹⁰ Surface Location

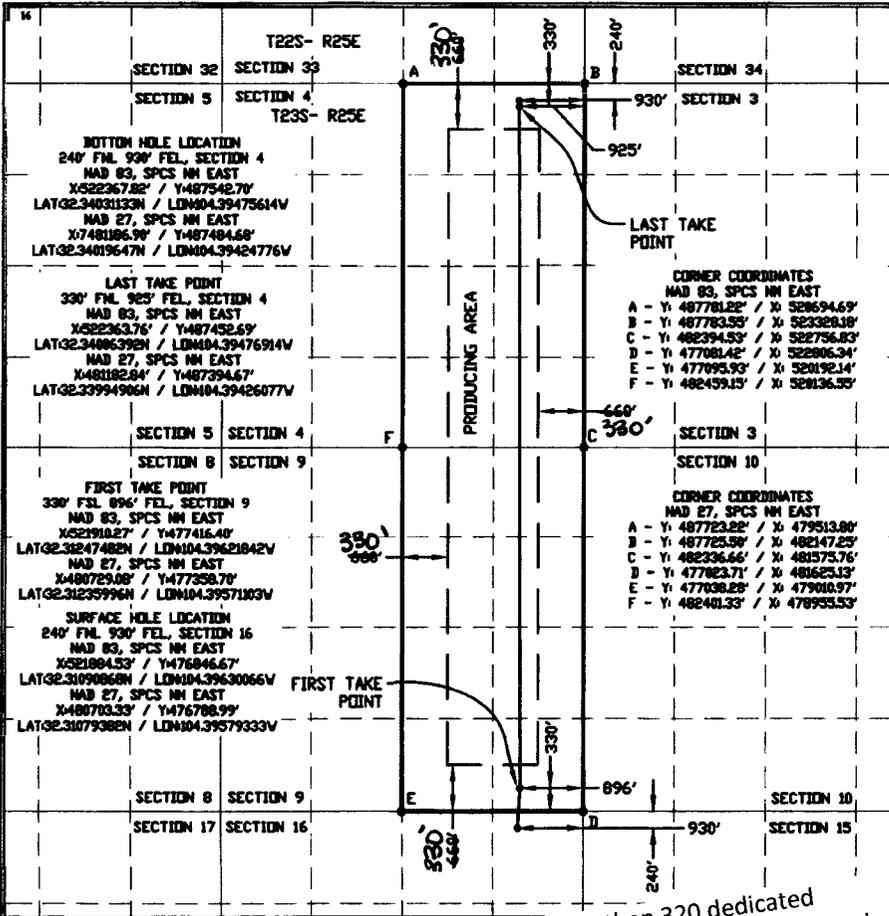
UL or lot no.	Section	Towaship	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	16	T23S	R25E		240'	NORTH	930'	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Towaship	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	4	T23S	R25E	1	240'	NORTH	930'	EAST	EDDY

¹² Dedicated Acres 640.00	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.



¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Sarah Presley* Date: 2-27-17

SARAH PRESLEY
Printed Name
SPRESLEY@BCOPERATING.COM
E-mail Address

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

FEBRUARY 18 2015
Date of Survey
Signature and Seal of Professional Surveyor: *Lloyd P. Short*

Certificate Number: LLOYD P. SHORT 21653

...wells having less than 320 dedicated acres may increase spacing to the standard 320-acre gas spacing by filing application to increase spacing as provided by Division rules...

Submit 1 Copy To Appropriate District Office
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 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name ROCK TANK 9-4 STATE COM
	8. Well Number 1H
2. Name of Operator BC OPERATING, INC.	9. OGRID Number 160825
3. Address of Operator P.O. BOX 50820, MIDLAND, TX 79710	10. Pool name or Wildcat WC-015 S232516A; WOLFCAMP
4. Well Location Unit Letter <u>A</u> : <u>240</u> feet from the <u>NORTH</u> line and <u>930</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>23S</u> Range <u>25E</u> NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

BC OPERATING, INC. RESPECTFULLY REQUESTS TO CHANGE THE POOL FOR THE SUBJECT WELL

FROM: WC-015 S232516A; WOLFCAMP
 TO: PURPLE SAGE; WOLFCAMP (GAS)

NM OIL CONSERVATION
 ARTESIA DISTRICT

MAR 01 2017

RECEIVED

Spud Date:

Rig Release Date:

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 2.27.2017

Type or print name SARAH PRESLEY E-mail address: SPRESLEY@BCOPERATING.COM PHONE: 432-684-9696

For State Use Only

APPROVED BY: Accepted For Record TITLE NMOCD DATE _____
 Conditions of Approval (if any): _____