

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-8161 Fax: (575) 393-0720

DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (575) 748-1888 Fax: (575) 748-9729

DISTRICT III
1000 Rio Brazos Rd., Artec, NM 87410
Phone (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
1224 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax: (505) 476-3462

NATURAL OIL CONSERVATION
State of New Mexico
ARTESIA DISTRICT Minerals and Natural Resources Department

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

CONSERVATION DIVISION
1224 South St. Francis Dr.
Santa Fe, New Mexico 87505

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

| | | |
|----------------------------|--|--|
| API Number 30-015-43211 | Pool Code 98220 | Pool Name PURPLE SAGE; WOLFCAMP GAS |
| Property Code | Property Name SWEET TEA 6 STATE | Well Number 2H |
| OGRID No. 160825 | Operator Name NADEL & GUSSMAN PERMIAN LLC | Elevation 2906 |

Surface Location

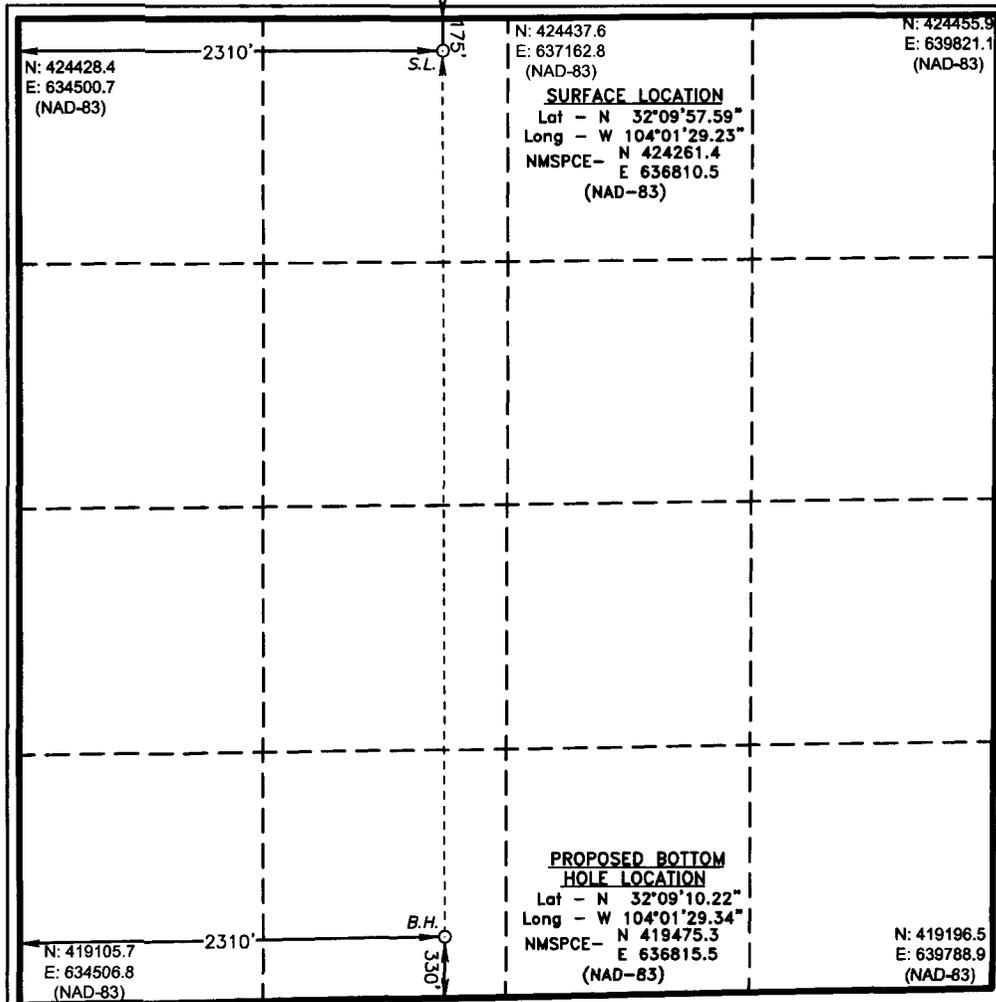
| UL or lot No. | Section | Township | Range | Lot Idn | FEET from the | North/South Line | FEET from the | East/West Line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| C | 6 | 25 S | 29 E | | 175 | NORTH | 2310 | WEST | EDDY |

Bottom Hole 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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 6 | 25 S | 29 E | | 330 | SOUTH | 2310 | WEST | EDDY |

| | | | |
|------------------------|-----------------|--------------------|-----------|
| Dedicated Acres 320 | Joint or Infill | Consolidation Code | Order No. |
|------------------------|-----------------|--------------------|-----------|

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



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.

Sarah Presley 2-27-17
Signature Date

SARAH PRESLEY
Printed Name
SPRESLEY@BCOPERATING.COM
Email Address

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.

Date Surveyed
Signature & Seal of Professional Surveyor
7977

Certificate No. 7977
BACON SURVEYS

0' 500' 1000' 1500' 2000'
SCALE: 1" = 1000'
WO Num.: 31689

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 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

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

| |
|---|
| WELL API NO. 30-015-43211 |
| 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 SWEET TEA 6 STATE |
| 8. Well Number 2H |
| 9. OGRID Number 160825 |
| 10. Pool name or Wildcat WC; SALT DRAW; WOLFCAMP (G) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) |

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 C : 175 feet from the NORTH line and 2310 feet from the WEST line
 Section 6 Township 25S Range 29E NMPM EDDY County

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

| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| 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 checked="" 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: <input 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.

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

FROM: WC; SALT DRAW; WOLFCAMP (G)
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  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 **Accepted For Record**

APPROVED BY: NMOCD TITLE _____ DATE _____

Conditions of Approval (if any):