

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

State of New Mexico  
**ARTESIAN MINERALS & NATURAL RESOURCES DEPARTMENT**  
CONSERVATION DIVISION

MAR 02 2017  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-43449		<sup>2</sup> Pool Code 98220		<sup>3</sup> Pool Name PURPLE SAGE; WOLFCAMP GAS	
<sup>4</sup> Property Code		<sup>5</sup> Property Name MAN CAVE 7 STATE COM			<sup>6</sup> Well Number 3H
<sup>7</sup> OGRID No. 160825		<sup>8</sup> Operator Name B.C. OPERATING, INC.			<sup>9</sup> Elevation 3415'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	6	T23S	R26E		270'	SOUTH	1700'	EAST	EDDY

<sup>11</sup> 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
0	7	T23S	R26E		240'	SOUTH	1700'	EAST	EDDY

<sup>12</sup> Dedicated Acres 320.00	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> CORNER COORDINATES NAD 83, SPCS NM EAST A - Y: 482416.90 / X: 541589.19 B - Y: 482437.82 / X: 544088.55 C - Y: 477086.15 / X: 544126.63 D - Y: 477066.63 / X: 541621.32				<p><b><sup>17</sup> OPERATOR CERTIFICATION</b></p> <p>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.</p> <p><i>Sarah Presley</i>      2.27.17 Signature      Date</p> <p>SARAH PRESLEY Printed Name</p> <p>SPRESLEY@BCOPERATING.COM E-mail Address</p>
SECTION 1	SECTION 6	SECTION 5	SECTION 8	
SECTION 12	SECTION 7	<p><b><sup>18</sup> SURVEYOR CERTIFICATION</b></p> <p>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.</p> <p>SEPTEMBER 24, 2015 Date of Survey</p> <p>LLOYD P. SHORT Signature and Seal of Professional Surveyor</p> <p>21653 Certificate Number</p> <p>LLOYD P. SHORT 21653 PROFESSIONAL SURVEYOR</p>		
T23S-R25E	T23S-R26E	SECTION 12	SECTION 17	
SECTION 12	SECTION 7	SECTION 8	SECTION 17	
SECTION 13	SECTION 18	<p>CORNER COORDINATES          NAD 83, SPCS NM EAST          A - Y: 482335.61 / X: 500407.83          B - Y: 482379.48 / X: 502907.15          C - Y: 477827.96 / X: 502945.11          D - Y: 477008.50 / X: 500439.83</p>		

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

WELL API NO. 30-015-43449
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 MAN CAVE 7 STATE COM
8. Well Number 3H
9. OGRID Number 160825
10. Pool name or Wildcat WC-015 S2326060; WC (GAS)

**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 O : 270 feet from the SOUTH line and 1700 feet from the EAST line  
 Section 6 Township 23S Range 26E 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

<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 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-015 S2326060; WC (GAS)  
 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): \_\_\_\_\_