NN OIL CONSERVATION

District I 1625 N. French Dr., Hobbs, NM \$8240 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 1000 Rio Brazos Road, Aztec, NM \$7410

Phone: (505) 334-6178 Fax: (505) 334-6170 1220 S. St. Francis Dr., Santa Fe, NM 87505

Phone: (505) 476-3460 Fax: (505) 476-3462

ARTESIA DISTRICT

State of New Mexico

MARENERS, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

RECEIVED 1220 South St. Francis Dr.

Santa Fe, NM 87505

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

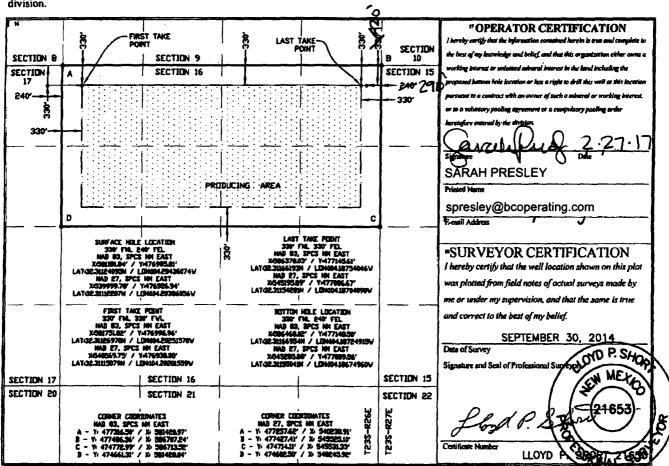


WELL LOCATION AND ACREAGE DEDICATION PLAT

20 NAPI Number 722	² Pool Code ² Pool Name		ue	_
30-015-72 230	98220	PURPLE SAGE; WOLFCAMP GAS		
Property_Code	* Property Name		Well Number	_
	CASS	16 STATE	1 1H	
OGRIL	⁸ Operator Name		* Elevation	_
160825	B.C. OPERATING, INC.		3159	
	n C	food I costion		_

Surface Location Tast/West line Th. or lot so. Feet from the Count Rang Lat Ma Feet from the North/South Hou 17 **T23S R27E** 330 NORTH 240 **EAST EDDY** "Bottom Hole Location If Different From Surface Tawnship UL or lot so. Lot ldn Fact from the East/West line 336'42 PID EAST **EDDY** 16 **T23S R27E** NORTH 240° ³ Joint or Infill Dedicated Acres Consolidation Code Order No. 320.00

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.



Submit 1 Copy To Appropriate District State of New Mexico	Form C-103				
Office District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION	30-015-42730				
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM	o. State on & Gas Bease No.				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	CASS 16 STATE				
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	FOREHAND RANCH; WOLFCAMP (GAS)				
4. Well Location					
Unit Letter A: 330 feet from the NORTH line and 240	feet from the <u>EAST</u> line				
Section 17 Township 23S Range 27E	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: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING CASING					
TEMPORARILY ABANDON					
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM	_				
OTHER: OTHER: OTHER: Including estimated date 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. RESPECTULLY REQUESTS TO CHANGE THE POO	DEFOR THE SUBJECT WELL				
FROM: FOREHAND RANCH; WOLFCAMP (GAS)					
TO: PURPLE SAGE; WOLFCAMP (GAS) NM GIL CONSERVATION					
ARTESIA DISTRICT					
MA	R 0 1 2017				
, n	FCEIVED				
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: TITLE Conditions of Approval (if any): NMOCD	DATE				