

HOBBS OCD

JUN 22 2011

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-39734

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Denton 6 State

8. Well Number 2

9. OGRID Number

160825

10. Pool name or Wildcat

San Andres & ~~Glenn~~ **<9612>**

SUNDARY 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 SWD

2. Name of Operator

BC Operating, Inc

3. Address of Operator

PO Box 50820, Midland, TX 79710

4. Well Location

Unit Letter D : 330 feet from the N line and 330 feet from the

W line

Section 6 Township 16S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3781' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☒

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐ P AND A ☐

CASING/CEMENT JOB ☒

OTHER: ☐

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.

Deepen well by 350' to Glorieta as per original approved APD, changing depth to 6850'.

No San Andres porosity encountered

Injection interval will be 5200' - 6850'. San Andres & ~~Glenn~~ OH 6500' - 6850'.

PER R-13325

Per R-13325
Injection Interval
5200-6500
SWD San Andres

CASING SIZE	WEIGHT LB /FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD
8 625"	24#	2019'	12.25"	1035 sks
5.5"	15.5#	6500'	7.875"	980 sks

Total Depth - 6500'

Spud Date:

1/6/11

Rig Release Date:

1/16/11

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE _____ TITLE Regulatory Analyst DATE _____

Type or print name Linda Gregg E-mail address: lgregg@bcoperating.com PHONE: 432-684-9696, ext 218

For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE JUN 28 2011

Conditions of Approval (if any):