1625 N French Dr, Hobbs, NM 88240 District III – (575) 748-1283 811 S First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 87418 District IV – (505) 476-3460 District IV – (505) 476-3460 1220 S St. Francis Dr, Santa Fe, NM	1220 South St. Francis Dr.		Form C-103 Revised August 1, 2011 WELL API NO. 30-025-11487 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
87505 SUNDER CEVELES 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.)			7. Lease Name or Unit Agreement Name South Langlie Jal Unit
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 2
2. Name of Operator BC Operating, Inc.			9. OGRID Number 160825
3. Address of Operator PO Box 50820, Midland, TX 79710			10. Pool name or Wildcat Jalmat Tansil Yates Seven Rivers
4. Well Location			
Unit Letter K_: 1650' feet from the South line and 1939' feet from the West line			
Section 7		Range 37E	NMPM Lea County
11. Elevation (Show whether DR, RKB, R1, GR, etc.) 3142' DF			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE COMMINGLE COMMINGLE			LLING OPNS. P AND A
OTHER: Extend TA Status	· · · · ·	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. This well currently has Approval of Temporary Abandonment status that expires 10/5/11. We would like to request a 6 month 			
extension to this status. We are currently drilling the SLJU #30. Based on how this well does, we would like to evaluate before plugging and abandoning any wells in this unit.			
	Condition of Approv	al:∶Notify OCD H	obbs
office 24 hours prior to running MIT Test & Chart			
	′	· · · · · · · · · · · · · · · · · · ·	
Spud Date:	Rig Release Da	nte:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print name Linda Gregg E-mail address: lgregg@bcoperatinginc.com PHONE: 432-684-9696, ext. 218			
APPROVED BY: Conditions of Approval (if any):	TITLE_57	att mat	DATE 8-18-2011
			\checkmark