| Submit 1 Copy To Appropriate District | State of New Mexico | | Form C-103 | |
|--|---------------------------------|--|--------------------------|--------------|
| Office District I (575) 393-6161 | ct I – (575) 393-6161 Resources | | Revised August 1, 2011 | |
| Office District I — (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II — (575) 748-1283 | | WELL API NO. | | |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210, 1 0 2100 IL CONSERVATION DIVISION | | 30-025-11647 √ 5. Indicate Type of Le | 2256 | |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 AUG 18 209IL CONSERVATION DIVISION District III - (505) 334-6178 AUG 18 209IL CONSERVATION DIVISION 1220 South St. Francis Dr. | | STATE | FEE 🖂 🖊 | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505 | | 6. State Oil & Gas Lea | | |
| 1220 S St. Francis Dr , Santa Fe, NM RECEIVED | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Uni | |
| (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 | | | South Langlie Jal Unit | |
| PROPOSALS.) | | | 8. Well Number 15 | |
| 1. Type of Well: Oil Well Gas Well Other Injection | | | 9. OGRID Number | |
| 2. Name of Operator BC Operating, Inc. | | | 160825 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| PO Box 50820, Midland, TX 79710 | | Jalmat Tansil Yates Seven Rivers | | |
| 4. Well Location | | | | |
| Unit Letter C: 990' feet from the North line and 1980' feet from the West line | | | | |
| Section 17 Township 25S Range 37E NMPM Lea County | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3118' DF | | | | |
| | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INTENTION TO: SUB | | | SEQUENT REPOR | |
| | UG AND ABANDON | REMEDIAL WOR | | ERING CASING |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRI | | | ND A | |
| PULL OR ALTER CASING MI DOWNHOLE COMMINGLE | JLTIPLE COMPL | CASING/CEMEN | I JOB 🔲 | |
| DOWNHOLE COMMINGEL | | | | |
| 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. | | | | |
| proposed completion of 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 Approval: Notify OCD Hobbs | | | | |
| office 24 hours prior to running MIT Test & Chart | | | | |
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| | | ~ | | |
| Spud Date: Rig Release Date: | | | | |
| | _ | | | |
| | | | 11 11 0 | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| | | | | |
| SIGNATURE CINCASU | TITLE Re | gulatory Analyst | DATE | 8/16/2011 |
| Type of print name Linda Gragg E-mail address: larges@heanerstinging.com DHONE: 422 694 0606 219 | | | | |
| Type or print name Linda Gregg E-mail address: lgregg@bcoperatinginc.com PHONE: 432-684-9696, ext. 218 For State Use Only | | | | |
| 101 State Ost Only | | .// 10 | | ~ |
| APPROVED BY: | TITLE STA | HI MER | DATE_ | 8-18-2011 |
| Conditions of Approval (if any): | | | | |