

State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
Revised August 1, 2011

HOBBS OCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

NOV 05 2012

RECEIVED

WELL API NO.  
30-025-40730

5. Indicate Type of Lease

STATE ☒ FEE ☐6. State Oil & Gas Lease No.  
39415

7. Lease Name or Unit Agreement Name

Midway 22 State

8. Well Number 1H

9. OGRID Number

160825

10. Pool name or Wildcat

Midway; Bone Spring

## 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, Texas 79710

4. Well Location

Unit Letter B : 330 feet from the North line and 1980 feet from the East line.Section 22 Township 17S Range 36E NMPM County Lea

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

3841' GL

## 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.

10/26/12 - Spudded well @ 10:00 a.m.

Change plans: Original surface casing to be set at 1900' - change to 2100'.  
Original intermediate casing to be set at 3550' - change to 3400'.  
Original TD to be 14,000' - change to 14,500'.  
Original sx of cement on surface casing to be 1000 sx - change to 1700 sx.

Spud Date:

10/26/2012

Rig Release Date:

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

SIGNATURE

*Pam Stevens*

TITLE

Regulatory Analyst

DATE 11/01/2012

Type or print name Pam Stevens

E-mail address: pstevens@bcoperating.com

PHONE: 432-684-9696

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

DIST. MGR

DATE

11-5-2012

Conditions of Approval (if any):

NOV 05 2012