Submit I Copy To Appropriate District Office •	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-41364	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE 🖂
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			39652	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF BESAGDO A				7
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Battle	,	
1. Type of Well: Oil Well Gas Well Other		8. Well Number	1H /	
2. Name of Operator //			9. OGRID Number	r
BC Operating, Inc.			160825	
3. Address of Operator			10. Pool name or V	
P.O. Box 50820 Midland, Texas	79710		WC-025 G-06 S213	3326D; Bone Spring
4. Well Location				
Unit Letter A:	160 feet from the North	line and360	feet from the _	<u>East</u> line
Section 34	Township 21S Range	33E N	MPM C	ounty Lea /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3702' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF I	NTENTION TO:	SUBS	EQUENT REP	ORT OF:
				ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS 🛛 🔾	LING OPNS.	P AND A	
PULL OR ALTER CASING	ULL OR ALTER CASING			
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		П
	pleted operations. (Clearly state all per		give pertinent dates	including estimated date
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC.	For Multiple Com	pletions: Attach we	illbore diagram of
proposed completion or re	completion.			
Notice of Intent to change plan – TD from 14,300' to 16,000'.				
Tomor of Intent to change plan. To from 11,500 to 10,000 f				
•			•	
Spud Date:	Rig Release Date	:		
· L				
			•	
I hereby certify that the information	above is true and complete to the best	of my knowledge	and belief.	
	•			
SIGNATURE Pam Stew	TITLE Regula	atory Analyst	DAT	E 04/09/2014
Type or print name Pam Stevens	E-mail address:pstevens	s@bcoperating.cor	n PHONE:	432-684-9696
For State Use Only				
APPROVED BY:	TITLE Petroleu	m Engineer	DATE	APR 16 2014
Conditions of Approval (if any):	TILE		DATE	7 2 20 11
of standing any proposed solds. SES ROLLS FOLSS of a Medick. The Library Penghabana Standard September of Annual services and analysis of the SELS FOLSS of a Medick September Penghabana Salaman September 2019.				
ा हुए सम्बद्धां का का कार्या के किया है। इसके माल का कार्या में किया के समान करने के स्थापन करने हैं।	THE POST OF CHARGE AND A STREET OF THE STREE	gara Maragan Jerdi Maragan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kab	Openia de la composición del composición de la c	gadra gairant or
A CONTRACT OF THE CONTRACT OF	gran describera (Colongo apporto foi	ng meneral berakan dibili di Alija. Tanggaran	in was the signature of the signature.	on the first consistent fisher

Submit I Copy To Appropriate District

Battle #1H Bone Spring (2nd and 3rd)

Sec. 34-T21S-R33E Lea County, NM / 160 FNL-360 FEL

